

Admission Office Form

Release of Records



Name of Student _____

Date _____

Current School _____

I give my permission for the transfer of copies of my child's records to Greenfield Center School. The record should include copies of the following:

1. Transcripts of grades or evaluations.
2. Results of all standardized tests.
3. Individual Education Plan, if applicable.
4. Other information maintained in student's permanent record.

Parent Signature _____

Date _____

Send requested information to:

Admissions Office
The Center School
71 Montague City Road
Greenfield, MA 01301
(V) 413-773-1700 ext.2
(F) 413-774-1135
www.centerschool.net
admissions@centerschool.net