



Request for School Records

Parents—please complete this form and forward to your child's current school

Student's Full Name _____
Date of Birth _____ Current Grade _____
Last School Attended _____
Address of School _____
City, State, Zip _____
Phone _____ Fax _____

The above named student has **submitted an application for admission** to Linden Waldorf School. Please send us a copy of current grades, standardized test scores, IEP/504 plans, and any other pertinent students records.

Please fax or email transcripts to the below school immediately, if possible, if applicable

Linden Waldorf School
Director of Admissions
3201 Hillsboro Pike
Nashville, TN 37215
F: 615-354-0247
office@lindenwaldorf.org

I, the undersigned parent/guardian, approve the release of these records.

Parent/Guardian

Date