



Transcript Release Form, Grades 1-6

APPLICANT INFORMATION

Parents, please complete and return to Presbyterian Day School.

Name _____
First Middle Last Preferred Name

Date of Birth _____ Applying for: 1 2 3 4 5 6

PRESENT SCHOOL INFORMATION

Present School _____ Principal/Director _____

Present School Address _____
Street City State Zip

Present School Phone _____ Fax _____

Present School Email _____

PLEASE INCLUDE THE FOLLOWING:

- Current School Transcript
- Cumulative Record
- All Standardized Testing
- Health Records

I hereby certify that I am the parent/guardian of the above named student and give my permission for his school information to be released. I understand that teacher recommendations are confidential and will not become part of the student's permanent academic record nor will it be shared with parents, guardians or students. I also grant permission for Presbyterian Day School staff to observe my son in his current classroom if deemed necessary.

Signature of Parents or Guardian _____ Date _____

PLEASE FORWARD THE RECORDS TO:

Admission Office
Presbyterian Day School
4025 Poplar Avenue
Memphis, TN 38111 • (901) 842-4695
Fax: (901) 842-4620 • rbishop@pdsmemphis.org