



Keith Country Day School
1 Jacoby Place
Rockford, IL 61107

**SCHOOL RECORDS RELEASE
FORM**
For Grades K-12

TO BE COMPLETED AND MAILED BY THE ADMINISTRATOR OR REGISTRAR

TO PARENT OR GUARDIAN:

Please complete this section then give this form to the appropriate school official at the applicant's current school along with an envelope addressed to the Keith Country Day School Office of Admission.

The school official must send the school records directly to KCDS.

Applicant's name: _____ Applying for grade: _____

School currently attending or previously attended: _____

I hereby give permission to release information about the applicant for the purpose of applying for admission to Keith Country Day School. I understand that all information provided as part of the applicant's school records is confidential and that this information will not be shared with me or released to any other school agent.

Applicant's signature (for grades 6-12 only): _____ Date: _____

Parent or guardian's signature: _____ Date: _____

TO ADMINISTRATOR OR REGISTRAR:

Grades K-2: Please attach school records including a birth certificate, medical records, an official transcript, teacher comments, standardized and educational testing for the previous academic year.

Grades 3-12: Please attach the following:

- ◆ An official transcript that includes all credit awarded
- ◆ All relevant school records including:
 - Standardized test results and educational assessments
 - Birth certificate and medical records
 - Appropriate guidance evaluations
 - Attendance and disciplinary histories
 - Any individualized education plan (IEP)
- ◆ Course descriptions for mathematics and science classes for appropriate course placement

We greatly appreciate your immediate attention to this request.

Please send school records directly to Keith Country Day School in a sealed envelope.

*Mail to: Keith Country Day School
Attn: Office
1 Jacoby Place
Rockford, IL 61107*