



Saint Thomas & Saint Timothy School

St. Thomas Campus (PreK-Grade 5)
25 Dover Road, West Hartford, 06119
860-236-6257

St. Timothy Campus (Grade 6-8)
225 King Philip Drive, West Hartford, 06117
860-236-0614

RECORD RELEASE FORM



/STASTMSCHOOL



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WWW.STASTMSCHOOL.ORG

To: _____

_____, a student in your school, has applied for admission to St. Thomas & St. Timothy School. In order to proceed with the application, **a copy of this form**, as well as the student's transcript is required, including:

- Grades
 - Teacher comments
 - Standardized test results
 - Health records (with birth certificate)
 - Psychological testing and neurological testing
 - PPT documentation, evaluation materials, Birth to 3. Special education and support services documents.
- Supporting documentation must be included with the application.**
- Current custody arrangements if applicable
 - Any other documents you deem appropriate.

With this request, this student's parents/guardians are giving permission that these records be released by you. You are also giving our office staff permission to communicate with the current school. We would appreciate your thoughtful and prompt response to this request. *Thank you.*

To be completed by parent or guardian of applicant:

I hereby authorize a request for _____ to send the information listed above regarding my child, _____ to:

St. Thomas & St. Timothy School, attn. Kerry Smith

St. Thomas Campus (PreK-Grade 5)
25 Dover Road, West Hartford, 06119
or emailed to admissions@stastmschool.org

St. Timothy Campus (Grade 6-8)
225 King Philip Drive, West Hartford, 06117
or emailed to admissions@stastmschool.org

Date

Parent or Guardian Signature