

RECORDS RELEASE FORM

McGinnis Woods requires all records from previous schools attended by the applicant. Please **sign** and **send** this form to your **current school and previous school(s)**. Copy this form as needed. Please provide addressed, stamped envelope to your current school with this form.

Student's Name: _____

Dates attended: _____ to _____

Grade (s): _____ Birthdate: _____

School previously attended:

Principal

School

Address

City/State/Zip Code

Phone Number

Parent/Guardian Signature: _____ Date: _____

Please send all records including grades, samples of work, testing scores, immunization, health, SST, IEP and any other pertinent information directly to:

Admissions
McGinnis Woods Country Day School
5368 McGinnis Ferry Road
Alpharetta, GA 30005

770-664-7764

Fax: 770-664-6670

Thank you.