

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
5380 Faircroft Drive
Alpharetta, GA 30005

Thank you.

Phone: 770-664-7764 | Fax: 770-664-6670