

Transcript Records
Release Form

Confidential

First and last name of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applying to grade: \_\_\_\_\_\_\_

Current school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The student named above is applying for admission to Bancroft School. I give my permission for the release of all school records for the past two school years. This should include the most recent grades, any standardized test results (i.e. aptitude/achievement tests, neuropsychological testing, educational testing, Individualized Education Plan or 504 Plan) and disciplinary records, as applicable.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent or guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of parent or guardian Date

To the Registrar or School Official:

The records for the above candidate should be sent directly to the Bancroft School Admission Office.

Mail to: 110 Shore Drive, Worcester, MA 01605

Fax to: 508-853-7824

Email to: admission@bancroftschool.org

Please call 508-854-9227 with any questions.



Bancroft School, 110 Shore Drive, Worcester MA 01605