



# St. Andrew's Country Day School

THE PLACE WHERE FAITH & KNOWLEDGE MEET

Please complete the information below in full. This form will release your child's current school records to St. Andrew's Country Day School to be reviewed for acceptance by the administration.

I, \_\_\_\_\_, thereby authorize:

Attention Pupil Services:

School: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

To Furnish Information On My Child To:

St. Andrew's Country Day School  
1545 Sheridan Drive  
Kenmore, New York 14217

Name of Student \_\_\_\_\_

Birth Date \_\_\_\_\_

Grade \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_

Records to be furnished:

Academic \_\_\_\_\_

Guidance \_\_\_\_\_

Witness \_\_\_\_\_

Medical \_\_\_\_\_

Health \_\_\_\_\_

Psychology \_\_\_\_\_