**REQUEST FOR TRANSFER OF SCHOOL RECORDS**

**TO THE PARENT:** Please fill out the top section and return the entire form to the LCDS Admission Office (address below).

STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT HOME ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT D.O.B: \_\_\_\_\_\_\_\_\_\_\_\_ **GRADE COMPLETED IN 2018-19**:\_\_\_\_\_\_\_\_\_

 **GRADE ENTERING IN 2019-20**:

NAME and ADDRESS OF THE SCHOOL ATTENDED IN **2018-19**:

**I authorize the release of my child’s school records
to Lancaster Country Day School.**

**Date \_\_\_\_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TO THE PRINCIPAL OR REGISTRAR:** The student named above **has enrolled** at LCDS for the upcoming school year. We are requesting:

1. Complete, **original** health and immunization records
2. If applicable, an official High School Transcript with your school seal
3. A copy of the student’s **final, year end, report card**

Please send these materials at your earliest convenience to:

**ADMISSION OFFICE**

**Lancaster Country Day School**

**725 Hamilton Road**

**Lancaster, PA 17603**

Thank you for your assistance.
Please contact Tonya Bergstrom with any questions at (717) 392-2916 x273