



VISITING & SCHOOL RECORDS RELEASE FORM

COMPLETED
FORM TO BE
RETURNED TO
FORSYTH SCHOOL

This signed form allows representatives from Forsyth School to receive the applicant's school records and to visit, at a pre-arranged date, their preschool or elementary school in order to observe the applicant in class. The information received from the school will be kept in the strictest confidence and will be used only by the Admission Committee.

Child's Name _____

Child's School _____

School Address _____

City, State & Zip _____

School Phone _____ School FAX _____

Child's Birthdate _____ Applying for Grade _____

Signature of Parent or Legal Guardian _____ Date _____

You have my permission to send this form immediately.

School records, health records and any other pertinent information should be forwarded to:

Erica Axelbaum
Director of Admission
FORSYTH SCHOOL
6235 Wydown Boulevard
St. Louis, MO 63105

APPLICANTS FOR PRE-KINDERGARTEN

To help us plan our child visits at nursery schools, please complete the following:

My child attends school: Mon Tue Wed Thu Fri Every Day [circle those that apply]

a.m. time _____

p.m. time _____