

SCHOOL OF THE HOLY CHILD  
**Confidential**

Release of Records Form  
To the Principal or Guidance Counselor:

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

Please send a complete transcript (or Student Applicant Record) for \_\_\_\_\_ to:  
*Applicant*

School of the Holy Child  
Admission Office  
2225 Westchester Avenue  
Rye, NY 10580

Please include the following information:

- Report cards for the current and past two school years
- A marking key to your grading system, if appropriate
- Standardized test records

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_