



Request for School Records

Parents—please complete this form and forward to your child’s current school

Student’s Full Name _____

Date of Birth _____ Current Grade _____

Last School Attended _____

Address of School _____

City, State, Zip _____

Phone _____ Fax _____

The above named student has **submitted an application for admission** to Linden Waldorf School. Please send us a copy of current grades, standardized test scores and any other pertinent students records.

Linden Waldorf School
Enrollment Coordinator
3201 Hillsboro Pike
Nashville, TN 37215

I, the undersigned parent/guardian, approve the release of these records.

Parent/Guardian

Date