

ACADEMIC RECORDS

Please complete this form and submit it to your child's current school office.

STUDENT'S NAME _____

DATE OF BIRTH _____ CURRENT GRADE _____

STUDENT'S ADDRESS _____

CURRENT SCHOOL _____

SCHOOL ADDRESS _____

SCHOOL CITY, STATE & ZIP CODE _____

I hereby grant permission for the above school to release copies of the following school records for the student named above. If my child enrolls at The Roeper School, I authorize the release of his/her permanent records to The Roeper School.

- ACADEMIC RECORDS
- BEHAVIORAL RECORDS
- ACHIEVEMENT TESTING
- IQ TESTING
- HEALTH FORM
- OFFICIAL TRANSCRIPT FOR UPPER SCHOOL (GRADES 9 – 12) APPLICANTS
- OTHER RELEVANT EVALUATIONS

SIGNATURE OF PARENT/GUARDIAN _____

Please send copies of records to:
Admissions Department
The Roeper School
41190 Woodward Ave.
Bloomfield Hills, MI 48304

For more information, please call:
Lower School 248/203-7317
Middle/Upper School 248/203-7318

To send a Fax:
248/203-7310