

World Traveling School

401 E 8th St Suite 214- 8006 Sioux Falls, SD 57103 +1 (800) 208-1453 // worldtravelingschool.com

Permission to Release School Records

Student's Name		Age/Grade		
I grant permissi	ion to:			
Name of Student's Current (or most recent) school				
	Address			
City	State/Province	Zip	Country	
to release a copy o School.	f my child's school record, including the	ne following information,	to World Traveling	
 Official Administrative Record (name, address, birth date, grade level completed, grades, class standing, attendance record) Standardized Achievement Test Scores Teacher and/or Counselor Observations and Comments Intelligence and Aptitude Test Scores Record of Extracurricular Activities Medical Records – Required by Vermont State Law Family Background Data Psychological Testing, Diagnostic, and Evaluation Reports Any other information that would affect the student's ability to be successful at World Traveling School. This would include disciplinary and behavioral records including any criminal conviction or juvenile adjudication. Other: Parent(s): Please sign and submit this form to your child's current (or most recent) school.				
Signature of Parent	or Guardian	Date		