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School Release Form

Student Name _____

Applying for Grade _____

TO THE PARENT

Please complete this form and give it to an administrator at your child's current school.

I authorize the release of my child's academic transcripts and other information requested below to The Siena School.

Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____

School Name _____

Applicant's Current Grade _____

Administrator Name _____

Telephone _____

Address _____

STREET

CITY

STATE

ZIP

TO THE SCHOOL

This student has applied for admission to The Siena School. In order to process the application, we would request that you send us the following information, along with a copy of this form:

- All grade reports and academic transcripts for the past two years, and the current school year;
- All standardized test results and IEP/504 materials;
- Any recent teacher reports; and
- A school profile, if available.

Please summarize any disciplinary actions taken involving the student, if any:

For a financial administrator: Has the family satisfied all current financial obligations to your school? Yes No

**Please send digital copies and a copy of this form by email to admissions@thesienaschool.org:

**The Siena School
Admissions Office
(301) 244-3600**

PLEASE SAVE A COPY OF THIS FORM IN THE STUDENT FILE AS WE WILL REQUEST A FINAL TRANSCRIPT AT YEAR-END IN THE EVENT THE STUDENT IS ADMITTED TO SIENA.