



Parent Authorization for Release of Program / School Records and Teacher Recommendation

Please forward this completed form to your child's current program / school

Name of Applicant / Child

Date of Birth

Current Age

Current Grade

Name & Location of Current Program / School

School Phone/Fax: _____ / _____

Please release my child's program / school records and a teacher recommendation letter to:

TADS Admissions Management

1201 Hawthorne Ave., Ste. 100

Minneapolis, MN 55403

Fax: 612-548-3323

Upload: <https://secure.tads.com/Documents/>

on behalf of the Waldorf School of New Orleans.

Name and Signature of Parent / Guardian

Date

To the Program / School:

The child / student whose name appears on this form has applied for admission to the Waldorf School of New Orleans. On behalf of the Waldorf School of New Orleans please send to the address above this student's most recent program / school records, including grades, any written evaluations from the current school year, as well as any other information that would be helpful in evaluating this applicant. In addition, please include a teacher recommendation letter. Parental consent for the release of this information has been given above. Thank you for your assistance and cooperation.