



OFFICIAL HEALTH RECORDS AND FINAL TRANSCRIPT RELEASE FORM

DIRECTIONS TO PARENT(S) OR GUARDIAN: IF YOUR SON OR DAUGHTER WAS ACCEPTED BY SOLEBURY SCHOOL BEFORE THE END OF THIS SCHOOL YEAR, PLEASE FILL OUT THIS FORM AND SEND IT TO THE REGISTRAR OR GUIDANCE OFFICE OF YOUR CHILD'S FORMER SCHOOL. IF YOUR CHILD HAS ATTENDED MORE THAN ONE SCHOOL IN GRADES 9 – 12, PLEASE SUBMIT A SEPARATE COPY FOR EACH SCHOOL. YOU MAY PHOTOCOPY THIS FORM, OR WRITE TO SOLEBURY FOR ADDITIONAL COPIES.

To: Guidance Office

_____ School

(Address)

_____ has been accepted at Solebury School,
(Student's Name)
New Hope, Pennsylvania.

Please release or send his/her final Transcript and Health Records to:

Diane Sugden, Administrative Assistant
Solebury School
6832 Phillips Mill Rd.
New Hope PA 18938

I give my consent for these grades and Health Records to be released to Solebury School.

Sign Name _____ Date: _____

Please Print or Type Name: _____

Address _____

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