



REQUEST FOR TRANSCRIPT AND RECORDS

Please give this request to the Registrar of your present school.

Date: _____

Applicant's Name: _____

*To the Registrar: This student is applying to Waldorf High School of Massachusetts Bay.
Please send the following records:*

Transcripts for the past three years
Standardized testing
Health Records
Discipline Records

I hereby give my permission to:

_____ School to release the
records of _____ to

Waldorf High School of Massachusetts Bay and to receive follow-up phone calls with questions.

Signature of Parent/Guardian

Please send records to:

Admissions Office
Attn: Tuija Voutilainen Lynch
Waldorf High School of Massachusetts Bay
160 Lexington Street
Belmont, MA 02478

E-mail:
t.voutilainenlynch@waldorfhighschool.org