



## Transcript Release Form

Applicant's Name: \_\_\_\_\_

Applying to Grade: PS KDG 1 2 3 4 5 6 7 8

Current School: \_\_\_\_\_

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Address of Current School: \_\_\_\_\_

School Phone Number: \_\_\_\_\_ School Fax Number: \_\_\_\_\_

Principal: \_\_\_\_\_

***To Principal of current school:***

**Please complete the attached Common Referral Form(s) and return to HAFTR Admission Office along with the following information at your earliest convenience:**

1. Report card for the current academic year
2. Final report card from the previous academic year
3. Standardized test scores
4. Any other pertinent information

**Please be assured that all information will be held in strict confidence. Your comments will help us to evaluate the qualities that would assure success in our dual curriculum program.**

**Thank you for your assistance. If you have any questions, please call the Admission Office at 516-569-3043 ext.42.**

Sincerely,

**The Admissions Office**

***To be completed by parent:***

I authorize HAFTR to obtain a transcript and any other relevant material about the applicant's academic, social and emotional development from the school she/he is currently attending. I understand that this information will be considered confidential and will be used by proper authorities of HAFTR for admission purposes only.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please return all information to:*

**HAFTR  
Admissions Office  
33 Washington Avenue  
Lawrence, NY 11559**