



Transcript Release Form

Instructions: Parents, please complete and forward this form to your child’s current school so that current records will be forwarded to The Sage School for the completion of the child’s application.

Applicant: _____, _____ Grade applying for: _____
Last First

* * * * *

To whom it may concern:

We request and give permission for _____ School to forward all available records for student _____ to:

USPS: The Sage School
Admission Office
171 Mechanic Street
Foxboro, MA 02035

FAX: 1-508-543-1152
EMAIL: Megan Fahey at
mfahey@sageschool.org

Parent signature: _____ Date: _____