



RAPHAEL ACADEMY

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

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

Raphael Academy 517 Soraparu Street, Suite 104, New Orleans, LA 70130
Telephone (504) 598-3227 Facsimile (504) 592-0885

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 Raphael Academy. Please send to Raphael Academy 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.