



# Student Record Release

\*\*\*This form needs to be submitted to student's previous school\*\*\*

**To Releasing Counselor:**

Date \_\_\_\_\_

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Dear Counselor:

My child/children have been withdrawn from your school.

For students in grades K – 8, please release their final elementary report card.

For students in grades 9-12, please release their official or final transcript.

**Do not send the permanent record.**

**Bridgeway Academy Admissions Dept.**

**334 2nd Street**

**Catasauqua, PA 18032**

**Telephone: 610-266-9016**

**Fax: 610-266-7817**

**[www.bridgewayacademy.com](http://www.bridgewayacademy.com)**

**CEEB Code: 390-031**

Each student's Name, Age, and Grade Level at withdrawal time:

<b>NAMES OF CHILDREN IN FAMILY WITHDRAWING</b>	<b>AGE</b>	<b>GRADE</b>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

\_\_\_\_\_  
Signature of requesting parent

\_\_\_\_\_  
Date of request