



Request for Information/Transcripts

The Elisabeth Morrow School

PARENTS: Please complete and sign the section below and give this form to your child's current school along with the **Teacher Recommendation Form**. Thank you.

Student's name _____ Current grade _____

Current school _____ Date of entrance _____

School address _____ Telephone _____

Teacher's name _____

I authorize my child's current school to release information to The Elisabeth Morrow School. I understand that all material shared with the Office of Admissions and Financial Aid is confidential.

Signature _____ Date _____

SCHOOL: The student named above is applying for admission to The Elisabeth Morrow School. The Admissions Committee kindly requests the following information about this candidate:

1. **Completed copy of the Teacher Recommendation Form**
2. **Official Transcripts (when applicable) including test results, report cards or written progress reports**

Please call The Office of Admissions and Financial Aid with any questions. Thank you for your comments.

Kathleen Visconti
Director of Admissions and Financial Aid

Teacher or Principal's signature _____ Date _____

Signature of person completing this form _____

Your comments will be very helpful to us as we review the student's candidacy. We thank you for taking the time to provide us with information about your student. Please return to: The Elisabeth Morrow School, Office of Admissions and Financial Aid, 435 Lydecker Street, Englewood, NJ 07631. Telephone: 201-568-5566 ext. 7212 Fax: 201-568-2065 Email: admissions@elisabethmorrow.org. For more information about our School, please visit www.elisabethmorrow.org. Please call if you have any comments or questions.

The Elisabeth Morrow School is fully committed to complying with any applicable federal and state laws with respect to the administration of its educational policies, admissions policies and practices and financial aid programs.