



REQUEST FOR STUDENT INFORMATION

Please complete this form and return it to Oakhill Day School

My child, _____, has applied for admissions to grade _____ at Oakhill Day School.

I hereby give Oakhill Day School permission to review the following information:

1. Health and Medical Records
2. All complete transcripts
3. All standardized test scores
4. Student behavior/discipline records
5. Special Education Records
 - a. IEP
 - b. 504 Plan
 - c. Diagnostic Evaluation Report
6. Attendance Records
7. Other relevant information

Mail to the attention of:

Oakhill Day School
Office of Admissions
7019 N. Cherry
Gladstone, MO 64118
Fax: (816) 436-0184

Signature of Parent or Legal Guardian

Date