



SCIENCE &  
ARTS ACADEMY  
THE GIFTED CHOICE®

Request for student information

Student name \_\_\_\_\_

Grade \_\_\_\_\_

School \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone number \_\_\_\_\_

Parent authorization for release information:

Print name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Parent(s): Please fill out the above information and attach this form to the Admissions Application.

To Whom It May Concern:

The student named above is applying for admission to Science and Arts Academy. To continue the admissions process, Science and Arts Academy asks that a copy of the last report card (or equivalent evaluation) be sent to our Admissions Office on behalf of the student. We ask that this information be sent within one week of the receipt of this request.

Are any special services being provided for this student?  No  Yes

Have any special services been recommended?  No  Yes

If yes, please explain:

Thank you for the information you have provided.

Jan Spaletto  
Admissions Director \_\_\_\_\_

Date \_\_\_\_\_