



The Newton School

ENHANCING MINDS THROUGH MOTION

45965 Nokes Blvd., Suite 120

Sterling, VA 20166

703-772-0480

Record Release Form

To Whom This May Concern:

You are hereby authorized to release the following records to The Newton School for:

Student's Name

Birth Date

I/We give you permission to provide The Newton School with the following:

Educational Assessment _____

Psychological Evaluation _____

Speech/Language Report _____

Occupational Therapy Report _____

Transcripts/Report Card _____

Medical Records _____

Other _____

The Newton School is authorized to discuss, receive or share the aforementioned information for use in school placement. It is understood that these reports and discussions will remain confidential.

For purposes of admission only, The Newton School is authorized to contact any professional involved in education, therapy or treatment of the child named above.

Parent, please sign and return to The Newton School with your completed application.

Parent or guardian _____
Please print name

Parent or guardian _____
Signature

Date _____