



The Phoenix School

Records Release Form

Please fill out this form and send to your child's school:

Name of student _____

Birthdate _____

Current grade _____

Please send a copy of my complete child's school records including testing, grade reports, 766 records, and any other documents to:

The Phoenix School

89 Margin Street
Salem, MA 01970

I give my permission to release these records.

Signature _____

Parent/Guardian

Date _____

The Phoenix School, 89 Margin Street, Salem, MA 01970
PHONE (978) 741-0870 • FAX (978) 741-5696
EMAIL: admissions@phoenixschool.org • www.phoenixschool.org