



Release of Records

Student's Name: _____

Date of Birth: ____/____/____ Last Grade Attended: ____ Years Attended: ____

Name of Previous School: _____

Address: _____

We request that information in this child's school record be transferred to:

Poland Spring Academy
PO Box 217
14 Hope Springs Rd
Poland, ME 04274

Please forward the necessary information in this child's school records to us including, but not limited to:

- ✓ Attendance Records
- ✓ Academic Records, including transcripts of grades
- ✓ Health/medical records
- ✓ Any other pertinent records, including relevant discipline records

Signature of Parent or Guardian: _____ Date: _____

Individualized Learning at its Best!

P.O. Box 217 ● 14 Hope Springs Road ● Poland, Maine 04274 ● Tel: (207) 998-4566 ● Fax: (207) 998-3145 ● Poland Spring Academy.org

Poland Spring Academy admits any student of any race, religion, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, religion, national or ethnic origin in administration of its educational policies, admissions policies, scholarships and loan programs, and athletic and other school administered activities.