

TRANSCRIPT RELEASE AUTHORIZATION And School Administrator Questionnaire

The Austin School For the Performing and Visual Arts P.O. Box 342107 Austin, TX 78734 Email: admissions@theaustinschool.org	
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Parents:

My child is an applicant for admission to The Austin School for the Performing and Visual Arts (ASPVA). I hereby authorize you to release any of the following applicable records to ASPVA: a copy of the complete transcript, current report card, and any standardized test results. Please send all information directly to our Admissions Office.

Name of Applicant: _____
first *middle* *last*

Applying to Grade: _____ **Current Grade Level:** _____

Name of Current School: _____ **School Phone:** _____

Parent Signature _____ **Date:** _____

Administrators:

ASPVA appreciates an honest assessment of the above named student. All information will be kept confidential and will not be released.

1. How long have you known this student?

2. Please comment on the student's attitude toward school.

3. Please comment on parental involvement in school activities. Are they supportive? Are they cooperative with teachers and staff?

4. Does the student have any history of conduct or behavior problems? Yes No If yes, please explain:

5. Does the student have a history of any learning disabilities? Yes No Does he/she require special assistance to meet academic requirements?

6. Additional comments, if needed:

Name of Administrator: _____

Signature: _____ Date: _____

Please return all information to the Admissions Office at ASPVA.