



THE
Wyndcroft
SCHOOL

Admission Office
1395 Wilson Street
Pottstown, PA 19464
610-326-0544 Fax 484-945-5009
kborgeson@wyndcroft.org

Information Release Form

APPLICATION FOR ADMISSION

Parents

Please give this form to your
child's present school.

To _____
Principal, Head of School, Guidance Counselor

Name of School _____

Our child, _____, has applied to The Wyndcroft School. We hereby give permission to have pertinent records and information – including report cards, progress reports, and transcripts – forwarded to the Wyndcroft Admission Office. In addition, please include the dates and results of any standardized aptitude and/or achievement tests taken.

Upon enrollment, we hereby give permission for health records and final transcript to be forwarded to the Wyndcroft Admission Office.

Signature(s) of Parent or Guardian

