



# Parental Authorisation for Release of Records and Student Evaluation

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Parents/Guardian: Please complete the following section and send it directly to your child's present school authorising release of records. Please print or type. Evaluations become the confidential property of Cedar International School and are not subject to parental review.

Dear Principal/Counsellor/Teacher,

\_\_\_\_\_  
(Child's Name)

\_\_\_\_\_  
(Date of Birth - Day / Month / Year)

\_\_\_\_\_  
(Date of Withdrawal)

\_\_\_\_\_  
(Grade at Time of Withdrawal)

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

I have made an application for my child to attend Cedar International School, Tortola, BVI. I give permission for you to please release the following information concerning my child:

**The Official School Transcript that includes:**

1. Standardised Tests (Intelligence, Aptitude, Achievement)
2. Academic Performance (Classroom grades or evaluation and special education)
3. Learning Styles Inventory
4. Health records

Name of Releasing School: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone/Fax: \_\_\_\_\_



## Parental Authorisation for Release of Records and Student Evaluation

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**To be completed by the Evaluator:**

Evaluator' Name \_\_\_\_\_ Title \_\_\_\_\_ School Stamp/Seal

1.) How long has the student been enrolled in your school? \_\_\_\_\_

2.) How long have you known the student? \_\_\_\_\_

3.) To your knowledge has the student had any history of serious conduct problems?  No  Yes

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

4.) Has the student ever been suspended or expelled?  No  Yes

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

5.) To your knowledge, has the applicant had any history of involvement with drugs, alcohol or juvenile delinquency problems?  No  Yes

If yes, please explain

\_\_\_\_\_

\_\_\_\_\_

6) Does this student have any unique talents? If so, what? \_\_\_\_\_

\_\_\_\_\_

7) Does the student have any learning difficulties, If so, what? \_\_\_\_\_

\_\_\_\_\_

8) Are the accounts for this student paid and up to date?  No  Yes

Have the materials and resources been returned?  No  Yes

9) Is the student presently on an IEP? If yes, please attach copy \_\_\_\_\_

Please complete the form below. As with the above questions, you may decide to confer with a colleague to complete your evaluation.



	Unsatisfactory	Below Average	Average	Good	Excellent	Not Observed
Motivation						
Self Discipline						
Growth Potential						
Leadership						
Self-confidence						
Sense of Humor						
Concern for Others						
Emotional Maturity						
Personal Initiative						
Reactions to Setbacks						
Respect for Authority						

REGISTRAR: Please send this student's records and evaluation to the address below:

**In the BVI:**

Attn: Admissions Office  
Cedar International School  
PO Box 3109  
Road Town, Tortola, BVI

**Outside the BVI:**

Attn: Admissions Office  
Cedar International School  
PMB 5000, PO Box 8309  
Cruz Bay, VI 00831

**Contact us:**

Tel: (284) 494 5262  
Fax: (284) 495 9695  
Email: [admissions@cedar.vg](mailto:admissions@cedar.vg)  
Website: [www.cedar.vg](http://www.cedar.vg)