

**TO BE GIVEN TO THE APPLICANT'S CURRENT SCHOOL**

Name of Student \_\_\_\_\_

Applying for Grade \_\_\_\_\_

Sending School \_\_\_\_\_

**TO PARENT/GUARDIAN OF THE APPLICANT**

Please sign on the space provided and give to your child's current school.

I authorize the release of the requested forms.

Parent/Guardian Signature \_\_\_\_\_

**TO SCHOOL REGISTRAR**

**The above named student is applying to McLean School. Please submit complete applicant information for him/her. We would like to receive:**

1. Final or mid-semester grades for the first semester or trimester.
2. All standardized test scores and all credits earned.
3. Recent teacher reports, if available.
4. A School Profile, if available.

**This material should be mailed to:**

Cathy Patterson, Director of Admission  
McLean School  
8224 Lochinver Lane  
Potomac, Maryland 20854  
240.395.0698  
301.299.8638 fax  
www.mcleanschool.org

**If this student is admitted to McLean School at the end of the year, we shall request a final transcript of the student's record. Please hold a copy of this authorization form on file so that a second form will not be necessary.**