



Transcripts and Records Release Form

Please complete and include this form with your application. Spark Academy of Advanced Technologies will send this form to the appropriate school once the applicant is enrolled at Spark.

Student's Information

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____

City / Town of Legal Residence: _____

Current School or Sending District: _____

Current School District Address: _____

The above student is enrolling in Spark Academy of Advanced Technologies for the 2019-2020 academic year.

I / We hereby grant permission to release the full cumulative file including health records, IEP / 504 plan (if applicable), and S.A.S.I.D. number of the applicant listed above to the Spark Academy of Advanced Technologies.

Records should be sent to:
Spark Academy of Advanced Technologies
1066 Front Street
Manchester, NH 03102

Signature Parent / Guardian (1): _____

Print Parent / Guardian (1): _____

Signature Parent / Guardian (2): _____

Print Parent / Guardian (2): _____