

transcript request grades 2-11

Please return to:

For grades 2-5
Admission Office
The Pingry School
Country Day Drive
Short Hills, NJ 07078
973-379-4550
Fax 973-379-1861

For grades 6-8, 9-11
Admission Office
The Pingry School
PO Box 366
Martinsville Road
Martinsville, NJ 08836
908-647-6419
Fax 908-647-4395

www.pingry.org

To the applicant's parent(s) or guardian(s):

Please complete, sign, and submit this form to the principal, director, division head, or guidance counselor in your child's current school. The Pingry School considers all information provided by an applicant's school and teachers as confidential. This form will be considered invalid if not sent directly to Pingry by your child's school. If you or they have any questions, please contact our Admission Office.

Name of Applicant _____ Present Grade _____

Present School _____ School Phone (_____) _____

School address _____
Street City State Zip code

Permission to release this information is granted by _____

Signature of parent(s) or guardian(s)

Date

To the School:

This student is an applicant for admission to The Pingry School. **After the first marking period has been completed**, please send the following academic and testing information to the **Short Hills Campus Admission Office for grades 2-5 or the Martinsville Campus Admission Office for grades 6-11:**

- **This Transcript Request form**
- **Final grades from the previous two years**
- **Grades for at least one marking period this year**
- **Any standardized testing results from the current and previous two years**

Your name (please print) Mr. Mrs. _____
 Dr. Ms. _____
First name Last name Title

Signature _____ Date _____

THANK YOU