

Date: _____

ATTN: Registrar/Records of: _____ Fax: _____

My child : _____ BIRTH DATE: _____ Grade: _____

Is applying to Marin School of the Arts at Novato High School. In order to complete the application packet please fax copies of: Unofficial Transcript Attendance Discipline

PLEASE SEND RECORDS FOR THE ABOVE NAMED STUDENT TO:

Marin School of the Arts at NOVATO HIGH SCHOOL

Terrie Baum, Office Manager

415-798-5063 - PH

415-798-5377 - FAX

tbaum@nUSD.org

Thank you.

Parent Name

Signature

