



AUTHORIZATION OF RELEASE OF EDUCATIONAL RECORDS

Please complete the authorization below and send this form to your current school office.

Student's Full Name _____ Grade _____
Last First Middle

Name of previous school _____

Address _____

In accordance with federal regulations regarding privacy rights of parents and students under *The Family Educational and Privacy Act of 1974*, the undersigned hereby consent to release to Mount Carmel Christian School all educational records about the above named individual who is applying to Mount Carmel Christian School.

Date _____ Signature of Parent/Legal Guardian _____

SCHOOL OFFICE

The student named above has made application for admission to Mount Carmel Christian School. We would appreciate your promptly sending the following:

1. A transcript of the student's record to date, including grades for courses in progress.
2. A copy of the student's complete test profile.
3. All health records, including immunization, vision and hearing test.
4. Copy of all psychological reports.
5. Copy of Individual Educational Plan.
6. Copy of Special Education Placement Forms.
7. Birth Certificate

If this student is admitted to Mount Carmel Christian School, at the termination of this school year we shall request a final transcript of the student's records. Please hold this authorization form on file so that a second form will not be necessary at that time.

This information should be mailed to: *ADMISSIONS*
Mount Carmel Christian School
6015 Old Stone Mountain Road
Stone Mountain, GA 30087

(PRINCIPAL RECOMMENDATION ON BACK)

PRINCIPAL RECOMMENDATION

1. If applicable, does family pay tuition and fees in a timely manner? Yes ___ No ___

2. Is family supportive of school's policies and procedures? Yes ___ No ___

3. Is family active in child's learning as well as school involvement? Yes ___ No ___

4. Would your school re-admit this student in the future? Yes ___ No ___
