

Records Release



Eastside Christian School

Equipping students to be pure in character and strong in spirit as they use their talents and abilities to impact our world for Christ

Parent: Submit the completed top portion with the application to Eastside Christian School
Submit the completed bottom portion to the applicant's current/former school

The parent is to submit the "Request for Records" form to the current school.

This release gives Eastside Christian School permission to request and receive pertinent information regarding the applicant from his/her former school, teacher, doctor, health clinic, hospital, or any additional agency. All information received is considered confidential. This form will be maintained in the applicant's file.

Applicant's Full Name: _____
Last First Middle

Current Grade Level: _____ Date of Birth: ____/____/____

I authorize Eastside Christian School to obtain information from the administration, admission, guidance, teachers and/or doctors or other professionals of the following schools/organizations for the purpose of educational planning. I release all liability and all claims pertaining to the disclosure of this information:

Last school attended: _____ Other School/Doctor's office other: for release of educational records: _____

(Name) _____	(Name) _____
(Address) _____	(Address) _____
(Phone) _____	(Phone) _____
(FAX) _____	(FAX) _____

I hereby authorize and request the release of ALL medical, educational, disciplinary, social, and/or psychological information regarding this applicant. All information will become the confidential property of Eastside Christian School and is not subject to applicant or parental review.

Signature of Parent/Guardian Date

Should the student be accepted, discovered non-disclosure of information related to previous behavior disorders, educational, emotional, or substance abuse history would be grounds for immediate dismissal from Eastside Christian School.

Eastside Christian School does not discriminate on the basis of race, color, or national origin in the administration of educational policies, admission policies, or employment practices.

Parent: Deliver this portion of the form to the applicant's current/former school

AUTHORIZATION AND PERMISSION TO RELEASE INFORMATION

Applicant's Full Name: _____
Last First Middle

Current Grade: _____ Date of Birth: ____/____/____

Current/Formal School/Organization Name: _____
Address: _____
Phone: _____ FAX: _____

I hereby authorize and request the release of ALL medical, educational, disciplinary, social, and/or psychological information regarding the applicant and release the above from all liability and all claims pertaining to the disclosure of this information:

Signature of Parent/Guardian Date

Registrar: Please send transcripts and standardized testing for the current and past three years and ALL disciplinary records to:
Admissions · Eastside Christian School · 2450 Lower Roswell Road · Marietta · GA 30068 or Fax to: 770-578-7967