

Request for Records

Parent: Complete this entire form. Return the top portion to Eastside Christian School and the lower portion to your child's most recent school. *All information received is considered confidential and will be maintained in the student's confidential application file.*

Student 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:

Most recent school attended: _____ Other School or medical office-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 your child's current/former school.

AUTHORIZATION AND PERMISSION TO RELEASE INFORMATION

Child's Full Name:

_____ *Last* _____ *First* _____ *Middle*
Current Grade: _____ Date of Birth: ____/____/____

Current/Former 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*

School Registrar: Please send transcripts and standardized testing for the **current school year, as well as the past three years**, along with all disciplinary records to the address below, or to: admissions@ebcnet.org