WILDWOOD CHRISTIAN ACADEMY

Authorization for Release of School Records

To The Parent:

Please complete the authorization information below and then give this form to the principal or other authorized administrator at your child's current or previous school:

Child's Name_____ Current Grade _____
Last First Middle

Birthday_____ Date Submitted_____

In accordance with federal regulations regarding the privacy rights of parents and students under the Family Educational and Privacy Act of 1974, the undersigned hereby consent to the release to Wildwood Christian Academy of all educational records about the above-named individual who is applying to Wildwood Christian Academy. This release of records includes recommendations and all information that may be requested.

X_____ Date_____
Signature of Parent/Guardian

To The School Principal:

The student named above has made application for admission to Wildwood Christian Academy. We would appreciate your promptness in sending the following records:

- Report Card(s), Cumulative Record and Official Transcripts
- Attendance and Discipline Records
- Immunization Records
- Medical Forms
- Testing Data, including any educational, achievement, norm-referenced, criterion-referenced, or psychological evaluations
- Teacher-level Student Portfolio Information
- School-level Evaluations, Student Support Team Meeting Information, and IEPs
- Teacher Evaluation Form(s)

Thank you for your assistance with this matter.

Please mail records to: **Wildwood Christian Academy**
695 Whitley Road South
Marble Hill, GA 30148

Phone: 770-893-3300 www.wildwoodchristianacademy.com Fax: 770-893-3305