



FAITH CHRISTIAN S C H O O L

Records Release Form

PARENTS: Please complete the top portion of this form and give it your child's current school.

Applicant's Name _____ Date _____

Current School _____ Current Grade _____ Applying Grade _____

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 consents to the release to Faith Christian School of all educational records about the above named individual who is applying to Faith Christian School, including recommendations and other such information as may be requested.

Signature of Parent or Guardian

Date

To The Current School

The above named student has made application for admission to Faith Christian School. We would appreciate your prompt reply regarding the following items:

1. A transcript of the student's record, including grades
2. A copy of the student's complete standardized test profile
3. A copy of all psychological reports
4. A copy of any tutoring/special academic arrangement records
5. A copy of attendance and discipline records
6. A copy of immunization and health records

Please mail to:

**Director of Enrollment, Faith Christian School
3585 Buck Mountain Road
Roanoke, VA 24018**