**PERMISSION TO RELEASE COPIES OF SCHOOL RECORDS**

The family of the following student has applied for admission at Christ Classical Academy. In order to complete the admissions process we need to receive copies of the school transcript and records if possible. Only copies are necessary at this time. Your cooperation is appreciated. If you have any questions, please call 828-432-7593.

Permission is requested to release copies of school records of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who is currently enrolled in your school.

 (Student Name)

Name of School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Christ Classical Academy requests the following information:

 \_\_\_\_\_Current year transcript

 \_\_\_\_\_All years transcript

 \_\_\_\_\_ALL DISCIPLINE RECORDS

 \_\_\_\_\_Administrative records

 \_\_\_\_\_Standardized test scores

 \_\_\_\_\_Teacher/counselor observations

 \_\_\_\_\_Health records

 \_\_\_\_\_Final Grades for School Years

 \_\_X\_\_All records available

Notes or Comments:

TO BE COMPLETED BY PROSPECTIVE PARENT

I the undersigned do hereby grant permission for Christ Classical Academy to receive the

requested information. Please mail copies of records to:

 **Admissions**

**Christ Classical Academy**

 **PO Box 2275**

**Morganton, NC 28680**

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature of Parent)