

## **AUTHORIZATION OF RELEASE OF EDUCATIONAL RECORDS**

Please complete the auth principal.	norization below and	send it to your former or current g	guidance counselor, instructional leader, or	
 Student's Last Name	First Name	Middle	Enrolling Grade	
and Privacy Act of 1974, educational, disciplinary,	the undersigned her social and/or psycho	eby consents to the release to Nort	nd students under The Family Educational thside Christian Academy of all medical, above-named individual who is applying uested.	
 Date		Signature of Parent/Legal Guar	Signature of Parent/Legal Guardian	

## TO PRINCIPAL, LEAD TEACHER, OR GUIDANCE COUNSELOR:

The student named above has made an application for admission to Northside Christian Academy. We would appreciate your prompt sending of the following:

- 1. A transcript of the student's record to date, including grades for courses in progress
- 2. A copy of the student's test profile to date
- 3. A copy of all health records, including immunization, vision, and hearing tests
- 4. A copy of the student's discipline record to date
- 5. If applicable, please provide a copy of all psychological reports, Individual Educational Plan, Special Educational Placement Forms
- 6. Please note whether or not this family has any outstanding balances owed to the school
- 7. If applicable, please provide a copy of legal or custody documentation from court for separated or divorced families

If this student is admitted to Northside Christian Academy, at the termination of the school year we will request a final transcript of the student's record. Please hold this authorization form on file so that a second form will not be necessary at that time.

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 Northside Christian Academy.

Please return to: Northside Christian Academy Phone: (803)520-5657

4347 Sunset Blvd. Email: admissions@ncak12.org

Lexington, SC 29072 Fax: (803)520-5661