



SUCCESS GATEWAY ACADEMY

West Cobb

contact@successgatewayacademy.org

770-626-2558

This form should be given to the student's current school to complete.

RECORD RELEASE FORM

FULL NAME OF STUDENT _____

Current Grade Level: _____

Birthdate: ____/____/____

NAME OF SCHOOL NOW ATTENDING _____

Current school address: _____

Current school phone: _____ Fax: _____

My child has applied for admission to Success Gateway Academy. I hereby authorize and request the release of ALL educational, disciplinary, medical, 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.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Registrar: Please send the following to Success Gateway Academy to the attention of the Admission Office.

- ALL Disciplinary records
- Transcripts for the current and past two years
- Standardized testing for the current and past two years
- Attendance records

Signature of School Official _____

Title _____

Date _____

School Official: Please mail or email to:

Admissions
Success Gateway Academy
3330 Cobb Parkway 324-384
Acworth, GA 30101