



BILINGUAL CHRISTIAN ACADEMY & TECHNOLOGY OF LAKE WALES

1376 State Road 60 E., Lake Wales, FL 33853

Office: 863-259-8313 / FAX: 863-968-2977

www.BCATofLakeWales.com

Request and Consent to Release Student Record

Date: _____

Student's Name: _____ Grade: _____

Date of Birth: _____ Social Security Number: *** ** _____

Former School Name: _____

☒ Withdrew ☐ Graduated on _____ ☐ GED on _____

To Whom It May Concern:

The student named above had been enrolled in our school. Please send all student records to **Bilingual Christian Academy & Technology of Lake Wales** as soon as possible.

PLEASE RELEASE:

- | | |
|--|--|
| <input checked="" type="checkbox"/> *School Transcripts / Last Report Card | <input checked="" type="checkbox"/> Discipline / Behavioral Records |
| <input checked="" type="checkbox"/> ALL Test Scores | <input checked="" type="checkbox"/> Physical |
| <input type="checkbox"/> ESOL Scores | <input checked="" type="checkbox"/> Immunizations |
| <input type="checkbox"/> Title One | <input checked="" type="checkbox"/> ESE / IEP |
| <input checked="" type="checkbox"/> Gifted | <input checked="" type="checkbox"/> Speech Language Evaluation / POC |
| <input type="checkbox"/> MTSS | <input type="checkbox"/> Handicapped |
| <input checked="" type="checkbox"/> Approved Scholarship Information | <input type="checkbox"/> Hearing / Visually Impaired |
| | <input checked="" type="checkbox"/> All of the above |

ADDITIONAL COMMENTS: _____

***A School Transcript is required for all High School (9th-12th) Students.**

RELEASE AUTHORIZATION

I, _____, parent / legal guardian of the student mentioned above, authorized your school to release all my child's records to **Bilingual Christian Academy & Technology of Lake Wales**. I do authorize **B.C.A.T. of Lake Wales** to receive and to evaluate all received records.

Parent / Legal Guardian Signature

Date