

CLASSICAL CHRISTIAN SCHOOL FOR THE ARTS, INC.

727-547-6820

Admissions Office Form

Release of Records

Name of Student/s: _____

Date: _____

Present School: _____

I give my permission for the transfer of copies of my child's records to; Classical Christian School for the Arts, Inc.

Records should include copies of the following:

1. Transcripts of grades or evaluations.
2. Results of all standardized tests.
3. Attendance Records.
4. Behavior/Discipline Records.
5. Individual Education Plan, if applicable.
6. Medical Records, including Birth Certificate
7. Other information maintained in student's permanent record.

Parent Signature

Date

Send requested information to:

Classical Christian School for the Arts, Inc.

4981 78th Ave North

Pinellas Park, FL 33781

Or FAX to: 727-545-3579