



PROVIDENCE CHRISTIAN ACADEMY

RELEASE OF RECORDS

Permission is hereby granted to:

Previous School Name: _____

Address: _____

Student Name: _____

Grade: _____

The above name student applied to Providence Christian Academy.

Please release the following information:

- ☐ Grades (transcripts, report cards, progress reports)
- ☐ Health Records including immunizations
- ☐ Standardized Test Scores
- ☐ Attendance and Discipline Records
- ☐ Grades in Progress at time of Leaving
- ☐ Special Placement Records and Reports
 - ☐ IEP
 - ☐ 504 and/or service plans
 - ☐ Psychological Academic Testing Report

Written Information can be sent to the attention of:

Providence Christian Academy
17356 US Hwy 301 N.
Starke, FL 32091

Authorization to Release Pupil's Records:

I have enrolled my child _____ (printed name)
_____ (DOB) at Providence Christian Academy, Inc. and authorize you to release the
above named information so that we may plan a course of study for this student.

Signature of Parent or Guardian: _____ Date: _____

(904)-454-1274

www.providencewarriors.org

✉ office@providencewarriors.org

📍 17356 US Hwy 301 N., Starke, FL. 32091

