



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

