

INSTRUCTIONS:

Please complete the entire form and submit to your child's most recent school.

All information received is considered confidential and will be maintained in the student's confidential application file.

I hereby authorize:				
Name of Current So	chool:			
Address:				
Phone:	Admissions/Records Clerk	k:		
to release ALL studen	nt information as noted below for the follow	wing applica	ant.	
School records for th	e past three (3) years, including the follow	ving:		
 Transcript or Report Cards (all grade levels) Standardized Testing Scores (Milestones, CoGat, Iowa, etc.) The following documents are required, if applicable: 		• tc.)	MAP Testing Data, if applicableDiscipline Record	
 504 Plan Individualized Education Plan (IEP) 		•	Psychoeducational EvaluationESOL / ESL Records	
Applicant's Full Na		First	Middle	
Current Grade Level:			Date of Birth:/	/
and/or doctors or oti	Christian School to receive information from the professionals of the following schools/and all claims pertaining to the disclosure of	organization	ns for the purpose of educa	
Signature of Parent/Guardian				
PLEASE SEND RI	ECORDS TO:			
	Director of Admissions			
acarr@ebcr	net.org (preferred method)			
Eastside Ch	nristian School			
2450 Lower	Roswell Road, Marietta, Georgia 30068			

Should the student be accepted, discovered non-disclosure of information related to previous behavior disorders, educational, emotional, or substance abuse history would be grounds for immediate dismissal from Eastside Christian School.

Eastside Christian School does not discriminate on the basis of race, color, or national origin in the administration of educational policies, admission policies, or employment practices.