



MT. BETHEL CHRISTIAN  
**ACADEMY**

## Transcript Release Authorization to Mt. Bethel Christian Academy

### Instructions to parents:

Please complete this form and ask your child's current school to send his/her complete transcript to Mt. Bethel Christian Academy via the mailing address, email address, or fax number listed below.

Student's Name: \_\_\_\_\_ Applying to Grade: \_\_\_\_\_  
Last First Preferred Name

Current School: \_\_\_\_\_

Current School Phone: \_\_\_\_\_ Current School Fax Number: \_\_\_\_\_

Current School Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

By signing my name below, I, the undersigned, authorize Mt. Bethel Christian Academy to obtain a copy of my child's official school transcript including cumulative record, current report card, enrollment history, attendance record, all standardized test results, discipline records, birth certificate, immunizations (Ga. Form 3231), hearing, vision, and dental form (Ga. Form 3300) to the school named above.

I also authorize that all end-of-year scores be sent immediately upon availability.

I understand that teacher/administrator recommendations are confidential and will not be shared with parents or students.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

### **Mt. Bethel Christian Academy**

4385 Lower Roswell Road

Marietta, GA 30068

Phone: 770-971-0245

FAX: 770-971-3770

admission@mtbethelchristian.org

**MAIN CAMPUS PK-8**

4385 LOWER ROSWELL ROAD, MARIETTA, GA 30068

**NORTH CAMPUS 9-12**

2509 POST OAK TRITT ROAD, MARIETTA, GA 30062