

FREDERICA ACADEMY APPLICATION FOR ADMISSION  
**AUTHORIZATION TO RELEASE EDUCATIONAL RECORDS**

**TO APPLICANT:**

Please print or type the authorization below and deliver this form to your guidance counselor or principal.

**AUTHORIZATION TO RELEASE EDUCATIONAL RECORDS**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

The undersigned hereby consents to the release to Frederica Academy of all educational records about the above-named individual who is applying to Frederica Academy, including recommendations and other such information as may be requested.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**TO PRINCIPAL OR GUIDANCE COUNSELOR:**

The student named above has applied for admission to Frederica Academy. We would appreciate you promptly sending the following:

1. An official transcript of courses, subjects and credits.
2. A copy of the student's complete standardized test scores.
3. Attendance record.
4. A history of any disciplinary actions (See separate form).
5. Health and Immunization certificate/records. (Georgia Certificate of Immunization Form 3231 AND Certificate of Ear, Eye and Dental Examination Form 3300)
6. Medical Information
7. Copy of Birth Certificate
8. Copy of Social Security Card

**PLEASE MAIL, FAX, OR EMAIL ALL RECORDS TO:**

Office of Admission  
Frederica Academy  
200 Murray Way  
St. Simons Island, Georgia 31522  
Fax: 912.638.1442  
Email: helenrentz@fredericaacademy.org

Thank you for your cooperation. Please feel free to call or email with any questions or comments.

Helen Rentz  
Director of Admission  
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Email: helenrentz@fredericaacademy.org