



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), and hearing, vision, and dental form (Ga. Form 3300) as well as any IEP, 504, or psychoeducational evaluation to the school named above.

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

Signature of Parent/Legal Guardian

Date

Mt. Bethel Christian Academy

4385 Lower Roswell Road
ATTN: Admission Office
Marietta, GA 30068
Phone: 770-971-0245
FAX: 770-971-3770
admission@mtbethelchristian.org

LOWER & MIDDLE SCHOOLS CAMPUS
4385 LOWER ROSWELL ROAD, MARIETTA, GA 30068

UPPER SCHOOL CAMPUS 9-12
2509 POST OAK TRITT ROAD, MARIETTA, GA 30062