



RECORDS RELEASE REQUEST

FORMER SCHOOL

DATE

RE:

STUDENT

ADDRESS

DATE OF BIRTH:

PLEASE RELEASE THE FOLLOWING INFORMATION ON MY CHILD, _____
TO LITTLE ROCK CHRISTIAN ACADEMY.

- GENERAL CUMULATIVE FOLDER DATA, INCLUDING STANDARDIZED TEST DATA
- PREVIOUS TEACHER'S RECOMMENDATIONS
- MEDICAL RECORDS

THE PURPOSE OF THIS RELEASE IS TO PROVIDE LITTLE ROCK CHRISTIAN WITH UP-TO-DATE INFORMATION FOR INSTRUCTIONAL PLANNING AND WILL BE USED FOR THAT PURPOSE ONLY.

PARENT/GUARDIAN SIGNATURE

Our preferred method to receive records is by email. If you are sending records for a student applying to our school, please direct them to Heidi Brandt. If you need to receive records for a student, please email Kelly South.

JILL MARTIN

jill.martin@littlerockchristian.com

KELLY SOUTH

kelly.south@littlerockchristian.com