



Parental Authorization for Release of Records

To the Parents:

Please complete this form and take it to your child's current school to authorize the exchange of information. The school will then send the records directly to Charleston Collegiate School.

Applicant's Name _____ Applying for Grade _____
Current School _____ Principal or Registrar _____
School Street Address _____ City _____ State _____ Zip _____
Email for School Contact _____ School Phone _____

I give permission for you to exchange information with Charleston Collegiate School concerning my child for admission purposes. Please send the information listed below. I understand that this information will be used in evaluating my child's application and that it will become the confidential property of Charleston Collegiate School.

Parent's or Guardian's Signature _____ Date _____

To the School Official: Please email the following records to Bonnie Scapellato at Charleston Collegiate School at admissions@charlestoncollegiate.org. For any questions call our Office of Admission at 843.559.5506 x226

1. The report card for the current school year
2. The final report card for the previous school year
3. Standardized test scores
4. Immunization records
5. Psychoeducational Evaluation and IEP (if applicable)

