ANNAPOLIS AREA CHRISTIAN SCHOOL
RECORDS RELEASE FORM

PLEASE PRINT

PARENT OR GUARDIAN:

Please complete this form and forward it to the present or last school in which your child has been enrolled.

Present or last school _____
(School Name)

_____
(School Address) (City, State, Zip)

Permission is hereby granted for a complete transcript showing all former and current grades, IQ, achievement, and standardized test scores, discipline records and psychological evaluations (if any), health records, and other pertinent information from the student's permanent record. These are to be released to:

Annapolis Area Christian School
Office of Admission
109 Burns Crossing Rd.
Severn, MD 21144
admissions@aacsonline.org

❑ This student is currently being considered for enrollment.

❑ This student has been enrolled at Annapolis Area Christian School

Thank you for your cooperation and prompt assistance.

Date ____ / ____ / ____

Student's Full Name _____ Present Grade _____

Student's Full Name _____ Present Grade _____

Student's Full Name _____ Present Grade _____

Student's Full Name _____ Present Grade _____

Full Name of Parent(s)/Guardian(s)_____

Signature of Parent/Guardian _____