

Kent Island Christian School

Permission for Release of School Records

To: Principal or Guidance Counselor _____

School _____

Address _____

City/State _____ Zip _____

Student's name _____

Current grade _____ Date of birth _____

I hereby authorize you to release the school records listed below for my child:

- | | |
|----------------------------------|---|
| 1. Cumulative Records | 4. Achievement Test Scores |
| 2. Health Records | 5. Other information which might aid the student in making a satisfactory school adjustment |
| 3. Psychological records on file | |

PLEASE SEND RECORDS TO:

Kent Island Christian School
Admissions Office
P.O. Box 206
Chester, MD 21619
Or fax to 410-643-8165

If the above mentioned school is a private school/day care, I further understand that Kent Island Christian School may contact the school to inquire about payment history.

Signed: _____ Date: _____

(Signature of parent or guardian)

Present address: _____

_____ Zip _____