



Atlantic Shores

CHRISTIAN SCHOOL

STUDENT RECORD RELEASE

Parent/Guardian: Please complete the following information so that we may send for your child's school records. Return this form with the application to the office at Atlantic Shores Christian School.

STUDENT INFORMATION

Name: _____ Date of Birth: _____ Current Grade: _____

Address: _____ Phone: _____
Street City, State, Zip Code

Current/Previous School: _____

Address: _____
Street City, State, Zip Code

Phone: _____ Fax: _____

AUTHORIZATION STATEMENT AND SIGNATURE OF PARENT OR GUARDIAN

The Federal Register, Volume 41, No. 118, Section 99.31, June 17, 1976 states: PRIOR CONSENT FOR DISCLOSURE NOT REQUIRED IF THE DISCLOSURE IS TO OFFICIALS OF ANOTHER SYSTEM IN WHICH THE STUDENT SEEKS ADMISSION OR INTENDS TO ENROLL.

You are hereby authorized to furnish Atlantic Shores Christian School with my son's/daughter's school record.

Signature of Parent or Guardian

Date

SCHOOL REQUEST

Guidance/Admissions Office:

PLEASE RELEASE OFFICIAL COPIES OF THE FOLLOWING INFORMATION FOR THE STUDENT LISTED ABOVE:

- Scholastic Records (include current year's grades)
- Standardized test records
- Discipline records (if none, please indicate "none")
- Health/Immunization records/ VA School Entrance Health Form (MCH-213P) and record of clinic services
- Written comments and evaluations including IEP by teachers, guidance counselors, and psychologists

Please return completed information to:

Atlantic Shores Christian School

Attn: Student Records

Secondary School(7th-12)

1217 North Centerville Turnpike

Chesapeake, Virginia 23320

Phone: (757) 479-9598

Fax: (757) 479-5311

Elementary School (K3-6th)

1217 North Centerville Turnpike

Chesapeake, Virginia 23320

Phone: (757) 479-1125

Fax: 757) 479-8742

1st request: _____

2nd request: _____

3rd request: _____