BRAZOSPORT CHRISTIAN SCHOOL

2022-2023

Student's Name _____

RELEASE OF RECORDS AUTHORIZATION

To the Student's Current School

This student is applying to Brazosport Christian School. Please send the following information:

☐ Official Transcript

☐ Unofficial Transcript

☐ Last Report Card/Educational Records

☐ Birth Certificate

☐ Medical Records

☐ Standardized Test Results (last 2 years)

☐ Discipline Records

☐ ARD/IEP

☐ Other

To the Applicant's Parent(s) or Guardian(s)
Your student's records must come directly from the current school and will be considered invalid if received by any other means. Complete the following information, sign and date this form. This form must accompany your student's application for admission.

Name of Applicant _____

Name of Current School _____

Current Grade _____

School Address _____

School Phone_____ School_____

Fax_____

Principal's Name _____

If Elementary, Name of Homeroom Teacher _____

If Grade 6-12, Name of Math and English Teachers _____

I (we) certify that the information provided above is true to the best of my (our) knowledge. I give permission for this school to provide requested information directly to BCS. I (we) understand that my student may be enrolled on a conditional basis at BCS until these official records are received. I (we) further understand that my student may be found ineligible for enrollment at BCS based upon information obtained through these school records.

_____ _____

Signature of Custodial Parent/Legal Guardian Date Signature of Custodial Parent/Legal Guardian Date

Email, Mail or Fax to BCS, Attention: Admissions. Questions? Call 979-297-0563, ext. 1000
200-B Willow Drive • Lake Jackson, Texas 77566 • 979.297.0563 • fax 979.297.8455 • email bcs@1bcs.org • www.1bcs.org