



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