



CASTLE HILLS FIRST BAPTIST SCHOOL

CONSENT OF PARENTS TO RELEASE STUDENT RECORDS

By signing below, the parents/guardians are giving consent to release this student's records to Castle Hills First Baptist School. Please fax the official records to the attention of the Admissions Coordinator to (210) 377-8473. If you have any questions, please call (210) 377-8485.

Parent's Signature _____ Date _____

School District: _____

Name of School: _____

Phone: _____ Fax: _____

Please consider this a request for _____, whose birthdate is on _____ and who is entering grade _____ for the school year ____-____.

We are requesting the following information:

- _____ Complete School Transcript – all grades
 - Middle school and high school must reflect each individual semester and year-end averages.
 - High school transcript must reflect all credits considered as high school even if earned prior to high school years.
- _____ Cumulative Records for the past 2-3 years (report cards, progress reports, discipline reports, etc.)
- _____ Achievement Testing (including psychological or other learning disability test results)
- _____ Health/Immunization Records
- _____ Identify Special Education Courses
- _____ Copy of Birth Certificate
- _____ Record of Attendance if not on report card

Authorized Signature

Date: _____

Leading students, in partnership with families, to know Christ and make Christ known.