



**G R A C E
CHRISTIAN
SCHOOL**

School Records Release

Parents: Please complete and sign this form and forward it to your son's/daughter's present school. The school will then forward your child's records to Grace Christian School.

SCHOOL INFORMATION:

Current School _____

STUDENT INFORMATION:

Name _____ Date of Birth: _____ Current Grade _____

Address: _____ City _____ State _____ Zip _____

AUTHORIZATION TO SCHOOL AND SIGNATURE OF PARENT/GUARDIAN:

I hereby authorize the release of all records concerning the above-named student to Grace Christian School in Staunton, VA, to which the student has applied for admission.

Parent/Guardian _____

Signature _____ Date _____

Parent/Guardian

SCHOOL REQUEST:

The above-named student has applied to Grace Christian School for the _____ School Year. Please forward copies of the following information.

- Academic Records (including current report card/progress report, and scholastic record/grading scale and transcript for grades 9-12)
- Standardized Test Scores
- Psychological/Sociological Reports (including speech or other learning difficulties)
- Health Records (including proof of immunization and most recent physical exam form)
- Behavioral Records (including discipline and attendance records)

Please mail to:

Grace Christian School
Attention: Admissions
511 Thornrose Avenue
Staunton, VA 24401

Phone:

540-886-0937

Fax:

540-886-2761

Email:

admissions@gcswarriors.org