



Christian Life Schools

2018-2019

Release of Information

TO: School (that student is transferring from): _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Dear Principal:

The following student, who currently or formally attended your school, has applied for admission to Christian Life School.

Student's Name _____ Current Grade: _____ Birth Date: _____

Parent/Guardian Name: _____ Relationship: _____

Please fax a copy of the following school records, as soon as possible. Official copies of all documents, including an official school transcript should then be promptly mailed.

- 1) Health Records
- 2) Report Card Grades
- 3) Test Records
- 4) Records of conferences (Parent, student, teacher, counselor, etc.)
- 5) Psychological Evaluations
- 6) Discipline Records
- 7) Special Education Documents (IEP)
- 8) 504 Plan
- 9) Student In Good Standing Form

Any additional information that might aid our professional staff in assisting this student to adjust to his/her new environment will be most helpful.

An early reply will be most appreciated. Thank you.

Please return this form and requested documents directly to: Christian Life Schools
Attn: Admissions Director
5950 Spring Creek Road
Rockford, IL 61114-6499

MS/HS Fax: 815-877-4358
ES Fax: 815-639-7979

I, _____ hereby authorize _____
(parent/guardian, relationship) (current school)

to release all relevant school records, as listed above, pertaining to _____
to Christian Life School. (student's name)

Parent/Guardian Signature: X _____ Date: _____