



CHRIST THE KING *School*

A COMMUNITY *uniting* school, family, and faith

Request for Release of Student Records

Please take form directly to your child's current school.

Student's name: _____ Date of birth: _____

Current grade: _____ Grade applying to: _____

School currently attending: _____

Current school address: _____

City: _____ State: _____ Zip: _____

The student named above is applying for admission to Christ the King School. I authorize you to release the following information:

1. Complete grade records, including the most recently completed term in your school.
2. Scores from standardized testing.
3. Health and immunization records.
4. Disciplinary record for applicants to grades 7-8.

Please send these materials directly to:

Admissions Office
Christ the King School
46 Peachtree Way, NE
Atlanta, GA 30305

Print name of parent/guardian: _____

Signature of parent/guardian: _____ Date: _____