

Records Release



Parent: Submit the completed top portion with the application to Mount Paran Christian School.
Submit the completed bottom portion to the applicant's current/former school.

MPCS does not request the records for admission for each applicant. The parent is to submit this form to the current school.

This release gives Mount Paran Christian School permission to request and receive pertinent information regarding the applicant from his/her former school, teacher, doctor, health clinic, hospital, or any additional agency. All information received is considered confidential. This form will be maintained in the applicant's file.

Applicant's Full Name: _____
Last First Middle

Current Grade Level: _____ Birth Date ____/____/____

I authorize Mount Paran Christian School to obtain information from the administration, admission, guidance, teachers and/or doctors or other professionals of the following schools/organizations for the purpose of educational planning. I release all liability and all claims pertaining to the disclosure of this information:

Last school attended:	Other School/ Doctor's office/other for release of records:
(Name) _____	(Name) _____
(Address) _____	(Address) _____
(Phone) _____	(Phone) _____
(FAX) _____	(FAX) _____

I hereby authorize and request the release of **ALL** medical, educational, disciplinary, social, and/or psychological information regarding this applicant. All information will become the confidential property of Mount Paran Christian School and is not subject to applicant or parental review.

Signature of Parent/ Guardian Date

Should the student be accepted, nondisclosure of information related to previous behavior disorders, educational, emotional, or substance abuse history would be grounds for immediate dismissal from Mount Paran Christian School.

Mount Paran Christian School does not discriminate on the basis of race, color, or national origin in the administration of educational policies, admission policies, or employment practices.

Parent: Deliver this portion of the form to the applicant's current/former school

AUTHORIZATION AND PERMISSION TO RELEASE INFORMATION

Applicant's Full Name: _____
Last First Middle

Current Grade Level: _____ Birth Date ____/____/____

Current/Former School/Organization Name: _____
Address _____
Phone _____
FAX _____

I hereby authorize and request the release of **ALL** medical, educational, disciplinary, social, and/or psychological information regarding the applicant and release the above from all liability and all claims pertaining to the disclosure of this information:

Signature of Parent/ Guardian Date

Registrar: Send transcripts and standardized testing for the current and past three years and ALL disciplinary records to:

Mount Paran Christian School ♦ Office of Admission ♦ 1275 Stanley Road ♦ Kennesaw ♦ GA ♦ 30152
♦ Fax 770/977-9284 ♦ Phone 770/578-0182 ♦ Email: sbrooks@mtparanschool.com