



### MPCS RECORDS RELEASE

**Parents:** Please submit the completed top portion of this form to Mount Paran Christian School or e-mail *admission@mtparanschool.com*.

This release gives Mount Paran Christian School permission to request and receive pertinent information regarding the applicant from his/her former school, teacher, doctor, or other specialist(s). All information received is considered confidential and 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:

**CURRENT/LAST SCHOOL MOST RECENTLY ATTENDED:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**OTHER SCHOOL(S) WHICH MAY HAVE SCHOOL RECORDS (within past 3 years) or DOCTOR/EDUCATIONAL CONSULTANT/SPECIALIST (i.e. gifted, special needs, speech/occupational therapists etc):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

I hereby authorize and request the release of ALL educational, disciplinary, medical, 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/Legal 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. **Non-discriminatory admission policy:** Mount Paran Christian School does not discriminate on the basis of race, color, birth gender, protected disability, national or ethnic origin, genetic disease or disorder, or protected age in the administration of its admission, academic, athletic and employment policies.

### AUTHORIZATION AND PERMISSION TO RELEASE INFORMATION

**Parents:** Please deliver the bottom portion of this form to the applicant's current/former school most recently attended.

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 educational, disciplinary, medical, 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/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Registrar:** Please send the following to Mount Paran Christian School to the attention of the Admission Office (*admission@mtparanschool.com*):

- ALL disciplinary records
- Transcripts for the current and past three years
- Standardized testing for the current and past three years
- Attendance records