

Records Release Authorization

RSCA Mailing Address: 219 Rock Springs Road, Milner, Georgia 30257

T. 678.692.0192 F. 678.692.0608

www.rsca.info

admissions@rsca.info

i (To be signed and submitted by parent/guardian or RSCA Authorized Personnel to the applicant's present school)

To: Principal or Guidance Counselor:

My child is an applicant for admission to Rock Springs Christian Academy. I hereby authorize you to release to Rock Springs Christian Academy the following records:

- | | | | |
|--|--|---|--|
| <input checked="" type="checkbox"/> All Academic Records | <input checked="" type="checkbox"/> Discipline | <input checked="" type="checkbox"/> Standardized Test | <input checked="" type="checkbox"/> Psychological |
| <input checked="" type="checkbox"/> Withdrawal Form | <input checked="" type="checkbox"/> Immunization | <input checked="" type="checkbox"/> CRCT Scores | <input checked="" type="checkbox"/> Current hearing and vision |
| <input checked="" type="checkbox"/> Report Card | <input checked="" type="checkbox"/> Eye/Ear/Dental Form | <input checked="" type="checkbox"/> SST Records | <input checked="" type="checkbox"/> Parent consent for placement |
| <input checked="" type="checkbox"/> Transcripts | <input checked="" type="checkbox"/> Birth Certificate | <input checked="" type="checkbox"/> 504 Records | <input checked="" type="checkbox"/> IEP (Special Education) |
| <input checked="" type="checkbox"/> Attendance | <input checked="" type="checkbox"/> Social Security Number | <input checked="" type="checkbox"/> Gifted | |

Name of Applicant: _____
Last First Middle

Date: _____ Current Grade Level: _____ Date of Birth: _____

Name of Current School: _____

School Phone: _____ School Fax: _____

Signature of Parent / Guardian or
RSCA Authorized Personnel

This information should be faxed to 678.692.0608 or emailed to admissions@rsca.info.

Large files may be mailed to:

Admissions
Rock Springs Christian Academy
219 Rock Springs Road
Milner, GA 30257



WHERE EXCELLENCE BECOMES A LIFESTYLE