



HOLMESBURG

CHRISTIAN ACADEMY

7927 Frankford Avenue, Philadelphia, PA 19136, Fax: 215-335-2013

www.holmesburgchristian.org

CONSENT/RELEASE FORM (One per child)

Please supply complete information:

I. PARENTAL PERMISSION TO CONTACT PREVIOUS SCHOOL

I, _____, the parent/guardian of _____, give my permission to a designated representative of Holmesburg Christian Academy to contact any school previously attended by this child and inquire concerning the child's behavior, attendance and academic performance, as well as the extent of my own cooperation with the schools contacted.

School Name _____ Phone _____

Fax _____ E-mail _____

Street Address _____

City _____ State _____ Zip Code _____

Signature of Parent/Guardian _____

II. PARENTAL PERMISSION TO RELEASE STUDENT RECORDS

Student Name _____ Entering Grade _____ Birth Date _____

The above named student has enrolled in our school. Please forward the following information:

- All student transcripts including grade, school attendance, and results of any standardized testing, both achievement and aptitude.
- All psychological evaluations
- All health records and immunization certificate

Records may be sent to:

Holmesburg Christian Academy (H.C.A.)
Attn: Admissions
7927 Frankford Avenue, Philadelphia, PA 19136-3124

Upon acceptance at H.C.A., I hereby authorize _____
(Name of school previously attended)

to release to Holmesburg Christian Academy any and all school records including academic, medical, and confidential, on the above-named student.

Signature of Parent/Guardian _____ Date _____