

Banner Christian School

P.O. Box 74010 North Chesterfield, Virginia 23236 Phone: 804-276-5200 Fax: 804-276-7620 www.bannerchristian.org

AUTHORIZATION OF RELEASE OF EDUCATIONAL RECORDS

| Student's Last Name | First Name | Middle Name | Grade |
|---------------------|--|--|------------------|
| | t of 1974, the undersigned hereb | rights of parents and students und consent to the release to Banner | Christian School |
| | bout the above-named individua s and such other information as r | | n School, |

TO: PRINCIPAL OR GUIDANCE COUNSELOR

The student named above has been provisionally accepted for admission to Banner Christian School. We would appreciate your prompt response in sending the following information:

- 1. A transcript of the student's records to date.
- 2. A copy of the student's complete test profile.
- 3. All health records, including immunization, vision, and hearing test.
- 4. Copy of all psychological reports.
- 5. Copy of Individual Educational Plan.
- 6. Copy of Special Education Placement forms.
- 7. Copy of discipline records.
- 8. Your own personal recommendations (see attached Recommendation form) of the student as to academic potential, personality, and character.

The information can be emailed to admissions@bannerchristian.org, faxed to (804) 276-7620 or mailed to:

Admissions Banner Christian School PO Box 74010 North Chesterfield, Virginia 23236