

WESTWOOD CHRISTIAN SCHOOL

920 S.W. 11th Street Live Oak, Florida 32064

Phone 383-362-3735

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trlowe@wclsiveoak.com - Tara Lowe-Phillips, Assistant Principal

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Westwood Christian School Authorization to Release Student Information

Name of Student: _____ Last Grade Attended: _____

Date of Birth: _____ Last School Attended: _____

Fax Number: _____ School's Email: _____

Parent/Guardian Email: _____

The above student has applied for enrollment at our school. We are in the interview and application process only. You will receive an acceptance or denial notification once a decision has been reached.

Please forward the following information by email, mail, or fax.

____ Most Recent Report Card

____ Attendance Records

____ Transcript, if applicable for middle and high school credits

____ Standardized Testing Results

____ ESE Status

____ IEP or 504 Plan with Accommodations

____ Copies and/or a Summary of Present and Past DISCIPLINE Referrals, (if none - please note)

____ Birth Certificate

____ Immunization Record or Religious Exemption

____ Social Security Card

____ Most Recent Physical (with Scoliosis/postural screening for grades 6 and up)

The parent's signature authorizing the release is noted below.

I, (print name) _____, the parent (legal guardian) of (print name) _____, hereby request you forward the above noted documentation, for the purpose of possible admissions, regarding my child, to the representatives of Westwood Christian School located in Live Oak, Florida.

Parent or Guardian Signature

Date

Information contained in this fax/email is confidential and should be treated as such. If sent to the wrong fax number or email address, contact the sender and destroy the information within.