



Westminster

CHRISTIAN SCHOOL

6855 SW 152 Street, Miami, FL 33157
www.wcsmiami.org
(305) 233-2030

Permission for School to Release Student Records

Name of applicant _____ Grade for which applying _____

The attached form is to be completed by the Principal, a Guidance Counselor, or, in the case of preschool and elementary age children, the child's most recent classroom teacher. The completed form may be mailed directly to Westminster Christian School, 6855 SW 152 Street, Miami, FL 33157, faxed to (305) 253-9623 or placed in a sealed envelope by the sending school and given to the parent for delivery to Westminster.

The recommendation form is to be used only for the admission process and will not become a part of the student's permanent school record. The Admission Committee cannot act on the student's application until this information has been received.

Parent/Guardian Permission

I/We hereby authorize the completion of the attached form regarding the student named above and transmission of this form to Westminster Christian School. I/We agree not to seek access to confidential information contained in this form or the supporting documents before or after the admission decision is made. I/We release every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents and other information provided to Westminster Christian School for that purpose.

In order to complete the application, I/We authorize the release of my/our child's academic records, documents and other information requested by Westminster Christian School. After acceptance has been offered, I/We authorize release of the full record when transfer to Westminster occurs or at the end of the current school year.

Signature _____ Print Name _____

Signature _____ Print Name _____

Date _____