



Westminster

CHRISTIAN SCHOOL

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

Authorization for Release of Education Records

This form is to be submitted to the Westminster Admission Office with the student application materials.

Student's Last Name _____ First Name _____ Middle Name _____

Grade _____ Student's Social Security Number _____ - _____ - _____

Name and address of last school attended: _____

Years and grades attended: _____

In accordance with federal regulations regarding the privacy rights of parents and students under the Family Educational and Privacy Act of 1974, the undersigned hereby gives consent to the release of all educational records for the above named individual who has been enrolled at Westminster Christian School.

Signature of Parent _____ Print Name _____ Date _____

.....

To Principal or Guidance Counselor:

The student named above has applied for admission to Westminster Christian School. We would appreciate your prompt forwarding of the following to the address below:

1. Official transcript of grades earned for the last two years and the current year-to-date
2. The marking system that you use
3. All standardized test scores for achievement, ability and intelligence, FCAT, SSAT, PSAT, PLAN, ACT and SAT. Please show percentiles or stanines and whether national or independent school norms were used
4. Copies of all psychological reports including Individual Education Plan and/or Special Education Plan
5. All health records, including immunization, vision and hearing tests

.....

Transcripts in languages other than English will be translated by official transcript translation services in the United States. The cost of translation will be the responsibility of the applicant.

.....

This information should be mailed to: Westminster Christian School
Office of Admission
6855 SW 152 Street
Miami, FL 33157