



SALISBURY

CHRISTIAN SCHOOL

REQUEST FOR RELEASE OF RECORDS

TO: CURRENT SCHOOL NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

STUDENT NAME: _____

CURRENT GRADE: _____

DATE OF BIRTH: _____

I hereby authorize you to release the school records listed below for my child:

Cumulative Records

Health Records

Attendance Records

Any other information which might aid the student in making a satisfactory adjustment

Achievement Test Scores

Psychological Records

Discipline Records

If the above mentioned school is a private school/day care, I understand that Salisbury Christian School may contact the school to inquire about payment history. I also understand that all debt to the above mentioned school must be satisfied before my application to SCS will be processed.

(Parent/Guardian Signature)

(Date)

PLEASE SEND RECORDS TO:

Admissions Office

Salisbury Christian School

807 Parker Road

Salisbury, MD 21804

Or fax to: 410-546-4674

Or email to: dhudson@salisburychristian.org

“...in all things Christ preeminent.” ~ Colossians 1:18

807 Parker Road, Salisbury, MD 21804

www.salisburychristian.org Phone: 410.546.0661 Fax: 410.546.4674

Academically Excellent ~ Distinctively Christian