

## STUDENT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Grade: \_\_\_\_\_

Student address: \_\_\_\_\_  
Street City State Zip

School Currently Attending \_\_\_\_\_

School Address: \_\_\_\_\_  
Street City State Zip

School Phone: \_\_\_\_\_ School Fax: \_\_\_\_\_

### PLEASE RELEASE OFFICIAL COPIES OF THE FOLLOWING INFORMATION:

- ☞ All Academic Records (including Standardized Tests)
- ☞ Health/Immunization Records
- ☞ All Discipline Records
- ☞ Written comments and evaluations  
(including IEP's by teachers, guidance counselors , and psychologists)

### AUTHORIZATION STATEMENT AND SIGNATURE OF PARENT OR GUARDIAN:

You are hereby authorized to furnish Williamsburg Christian Academy with complete records the student listed above.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

***Please return completed information to:***

*Admissions Office*

*Williamsburg Christian Academy*

*101 School House Lane, Williamsburg, VA 23188*

***Fax to: 757-345-5597, or email scanned copy to [admissions@williamsburgchristian.org](mailto:admissions@williamsburgchristian.org)***

***FOR EVALUATION PURPOSES ONLY***

***This request is to determine the student's acceptance at WCA.***

***Parents will notify the school upon the student's withdrawal.***