



Release of Information Request

I /We authorize the release of my child's:

- | | | |
|--|--|--|
| – report cards | – individual education program (IEP) plans | – speech evaluation & hearing/vision testing records |
| – student progress reports | – current teacher recommendation | – attendance reports |
| – standardized test results | – discipline records | – medical records |
| – records from any previous school(s) | – interpretation of grading scale | – immunization and medical records |
| – records documenting reading progress | – psychological report | – criminal/court dispositions |

TO BE FORWARDED TO:

City Academy
 4175 North Kingshighway Blvd.
 St. Louis, MO 63115
 Phone: (314) 382-0085
 Fax: (314) 382-0228

I/We authorize City Academy to contact schools and other sources to obtain information relative to my/our child's application. I/We will not seek access to confidential recommendation and evaluation material before or after the admission decision is made.

Applicant's Full Name: _____
First
Middle
Last

Current Grade _____ Applying for Grade _____ D.O.B _____ Starting (month/year) _____

Current School _____

School Address _____
Street Address
City
State
Zip

School Phone () _____ School Fax () _____

STATEMENT OF CONFIDENTIALITY: It is the policy of City Academy that all information received regarding a student's application for admission is treated with complete confidentiality. Only authorized school personnel have access to such information and then only to the extent that the information is relevant to admission and placement decisions. Information received within the scope of this policy is not disclosed to the applicant or the applicant's family.

Signature of Parent or Legal Guardian _____ Date _____

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