



711 Buncombe Street
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www.immac.org

Parent's Authorization for Release of Records

Please sign this form to be sent to your child's current school. Thank you.

Date _____

TO PRINCIPAL OR GUIDANCE COUNSELOR:

I have made an application for my child, _____, to attend

IMMACULATA SCHOOL in grade _____ beginning in the school year _____.

I give my permission for you to send **IMMACULATA SCHOOL** the following information concerning my child for admission purposes:

Standardized Tests (intelligence, aptitude and achievement)

Academic Performance (classroom grades or evaluation)

Health Records

Attendance Records

Name (Print): _____

SIGNATURE: _____

Relationship to child: _____

Current School Attending: _____