

THE KING'S SCHOOL

"PREPARING TOMORROW'S LEADERS TODAY"

TRANSFER OF RECORDS RELEASE

RELEASING SCHOOL RECEIVING SCHOOL

Date Requested: _____ The King's School
School District: _____ Attention: Back Office
P.O. Box 300, Lake Luzerne, NY 12846
Email: back_office@kingsschool.info

Attention: _____

School: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Please be advised that my child has _____ applied _____ been accepted to The King's School. I HEREBY AUTHORIZE THE FOLLOWING INFORMATION TO BE RELEASED. All Academic, Health, and Attendance Records. Please include all Social, Psychological and Behavioral Reports. If applicable, please include all Individualized Education Plans and Standardized Testing Results.

STUDENT INFORMATION:

NAME: Last, First, Middle DOB: CURRENT GRADE:

Parent/Guardian Signature _____

School Official Signature _____

A Ministry of Church of the Nations

P.O. Box 300, Lake Luzerne, NY 12846 ~ Office 518-654-6230 ~ Fax 518-654-7310