



CALVARY
BAPTIST SCHOOL

Consent/Release Form (one per child)

Please supply complete information:

Parental Permission to Contact Previous School

I, _____, parent/guardian of _____, give my permission to a designated representative of Calvary Baptist School to contact any school previously attended by this child and inquire concerning the child's behavior, attendance, and academic performance, as well as the extent of my own cooperation with the schools contacted.

School Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Signature of Parent/Guardian _____

Parental Permission to Release Student Records

Student Name _____

Entering Grade _____ Birth Date _____
(mm/dd/yyyy)

The above named student has enrolled in our school. Please forward the following information:

- Academic (with official transcript for 9th-12th grades including marks interpretations and any other information that may be helpful)
- Attendance
- Discipline
- Health
- Psychological evaluations

Records may be sent to:

Calvary Baptist School
1380 South Valley Forge Road
Lansdale PA 19446

Upon enrollment at CBS, I hereby authorize _____
(Name of school previously attended)

to release to Calvary any and all school records including academic, medical, and confidential, on the above named student.

Signature of Parent/Guardian _____ Date _____