



CREEKSIDE CHRISTIAN ACADEMY

175 Foster Drive, McDonough, GA 30253 (EAST CAMPUS K3-6th)
2455 Mt Carmel Road, Hampton, GA 20228 (WEST CAMPUS 7th-12th)
770.961.9300 Phone 1+770.960.1875 Fax
Scan and Email to admissions@creeksideacademy.org

AUTHORIZATION FOR RELEASE OF EDUCATIONAL RECORDS

TO: _____ Date: _____
Name of Previous School

Address of Previous School

City, State, Zip of Previous School

Fax #: _____

Student Name: _____ Date of Birth: _____

Has applied for enrollment at Creekside Christian Academy in the _____ grade for the _____ school year.

Parents: _____

Address: _____

Please mail or scan and email the following records:

- ☐ Academic Records ... Transcripts with semester, numeric grades
- ☐ Discipline Record-if the student has a discipline record PLEASE ATTACH A COPY TO THE RECORDS; IF NOT-please indicate BELOW that there is no discipline for this student.
- ☐ Assessment Data:
 - ☐ Standardized test data
 - ☐ Photocopies of standardized test labels
 - ☐ Grades at time of withdrawal
 - ☐ Current class schedule
 - ☐ Psychological assessment copies (I/A)
- ☐ Health/Legal docs: ____ Immunization ____ Ear, Eye, Dental ____ Birth Certificate
- ☐ Additional information used in educational planning (Please check any of the following that apply):

_____ No records sent due to delinquent payments.

_____ There is no discipline record for this student.

Thank you for your prompt attention.