



# Walnut Street Christian School

A Ministry of Walnut Street Church Ministries

201 W. Highland Street

PO Box 616

Avis, PA 17721

Phone: 570-753-3400 FAX: 570-753-5728

wsbcm.org

## RELEASE OF RECORDS FORM

Date \_\_\_\_\_

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Date of Withdrawal from Previous School \_\_\_\_\_ Grade \_\_\_\_\_

Name of School \_\_\_\_\_

School Address \_\_\_\_\_

School Phone # \_\_\_\_\_ School Fax # \_\_\_\_\_

I give my permission to the above listed school to release all records

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Please include the following:

Academic Records

Health and Dental Records (please include immunization records)

Personal Health History

Permanent Records

Psychological Records

Discipline Log

Any information regarding special needs