



ZION TEMPLE CHRISTIAN ACADEMY

PERMISSION TO RELEASE SCHOOL RECORDS

TO BE COMPLETED BY THE PARENT/GUARDIAN:

Permission is requested to release records of:

(Student's Name) _____

Student's Date of Birth: _____ who is or has been enrolled in your school.

Name of School: _____

Address: _____

Fax: _____ Phone: _____

ZION TEMPLE CHRISTIAN ACADEMY REQUEST THE FOLLOWING INFORMATION:

_____ Previous Year and Current Report Card (Preschool-6th Grade)

_____ Official Administrative Record (Name, Address, Birth Date, Grade Level Completed, Present Grade, Next Year Placement, Attendance, etc.)

_____ Standardized Test Scores

_____ Principal/Teacher Names and Email Addresses (for recommendation)

_____ Record of Discipline and/or Behavior Report

_____ Health Records (Immunization Records and Birth Certificate)

TO BE COMPLETED BY PARENT/GUARDIAN

I, the undersigned, grant permission for the Zion Temple Christian Academy to receive the requested information.

Signature of Parent or Guardian

Date of Signature

**3771 Reading Rd.
Cincinnati Ohio 45229
Phone: (513) 861-5551**

Fax: (513) 861-1563

Email:admissions.ztca@gmail.com