

Seaside Christian Academy
12637 A Ocean Gateway
Ocean City, MD 21842



(410) 213-7595
fax (410) 213-8001
www.seasidechristianacademy.com

Julie DuChene, Principal

Member ACSI

Church, Home, and School Working Together

PERMISSION FOR RELEASE OF SCHOOL RECORDS

To: School: _____
Street Address: _____
City/State: _____ Zip: _____
Phone: _____ Fax: _____

Student's Name (please print): _____

Current Grade: _____ Date of Birth: _____

I hereby authorize you to release the school records listed below for my child:

- 1. Cumulative Records**
- 2. Health Records**
- 3. Behavior/Discipline Records**
- 4. Psychological records on file**
- 5. Achievement Test Scores**
- 6. Any other information which might aid the student in making a satisfactory school adjustment**
- 7. High school transcript if applicable**

PLEASE SEND RECORDS TO:

Seaside Christian Academy
Admissions Office
12637A Ocean Gateway
Ocean City, MD 21842

Signed: _____ Date: _____
(Signature of parent or guardian)

Print Name: _____

Present Address: _____