AUTHORIZATION TO RELEASE TRANSCRIPTS
BEREAN CHRISTIAN HIGH SCHOOL

PARENT INFORMATION

To be completed by the applying student's parent(s) or guardian(s). Please complete and sign this form and forward it to the present or last school in which your child was enrolled.

Applicant's Name _____ _____
Last First Middle Current Grade Level

Address _____

City _____ State _____ Zip _____ Home Phone (_____) _____

Birth Date _____/_____/_____

My child is an applicant for admission to Berean Christian High School. I hereby authorize you to release the information below to Berean Christian High School.

- A copy of the last two years' report cards (including current grades)
- Transfer Student - A copy of the complete transcript (including current grades)
- A copy of the last two years of standardized test results (Students without standardized test scores must attend the mandatory High School Placement Test at Berean on Saturday, February 7, from 8 AM to 11 AM. Register on Berean's website under Admissions.)
- A copy of ALL disciplinary and conduct reports
- A copy of immunization health records

I also authorize the Administration of Berean Christian to contact the sending institution, either verbally or electronically, regarding the behavior records of the aforementioned student. Furthermore, I waive my right to review the information provided on this form.

_____ _____
Parent's /Guardian's **Printed Name** Date

PREVIOUS SCHOOL INFORMATION

School Administrative Staff

Name of Current/Past School _____

School Address _____

City _____ State _____ Zip _____

School Phone (_____) _____ School Fax (_____) _____

RETURN COMPLETED DOCUMENTS

Mail to: Director of Admissions
Berean Christian High School
245 El Divisadero Ave
Walnut Creek, CA 94598-4112

Email: sshafer@bereanchristian.com

Questions: Phone: 925-945-6464 Ext 204