



# Christian Life Schools

## 2021-2022

## Release of Information

TO: School (that student is transferring from): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Dear Principal:

The following student, who currently or formally attended your school, has applied for admission to Christian Life School.

Student's Name \_\_\_\_\_ Current Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please fax a copy of the following school records, as soon as possible. Official copies of all documents should be promptly mailed.

- 1) Grades K-8 report cards; 9-12 official transcripts
- 2) Test records
- 3) Discipline records
- 4) Health records
- 5) Psychological evaluations
- 6) Special education documents (IEP and 504 Plans)
- 7) Student Transfer Form (For Illinois schools, Form ISBE 33-78)

Any additional information that might aid our professional staff in assisting this student to adjust to his/her new environment will be most helpful.

An early reply will be most appreciated. Thank you.

**Please return this form and requested documents directly to:**

Christian Life Schools  
Attn: Admissions Director  
5950 Spring Creek Road  
Rockford, IL 61114-6499

MS/HS Fax: 815-877-4358  
ES Fax: 815-639-7979

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_

(parent/guardian, relationship)

(current school)

to release all relevant school records, as listed above, pertaining to \_\_\_\_\_

to Christian Life School.

(student's name)

Parent/Guardian Signature: X \_\_\_\_\_ Date: \_\_\_\_\_