



5801 S.W. 120 Avenue Miami, FL 33183
Tel: (305) 274-3380 Fax: (305) 595-7519
www.WestwoodChristian.org
K2 - 12th Grade

Permission for School to Release Student Records

Name of applicant _____

Date of birth _____ Grade for which applying _____

I hereby authorize Westwood Christian School to contact other schools to obtain information to support this application, and I will not seek access to confidential recommendation and evaluation materials before or after the admission decision is made. I release every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents, and other information provided to Westwood Christian School for that purpose.

In order to complete the application, I authorize the release of my child's records, documents, and other information requested by Westwood Christian School. After acceptance has been offered, I authorize the release of the full record when transfer to Westwood Christian School occurs.

Signature of Both Parents/ Guardians _____

Date _____