***FAITH LANDMARKS ACADEMY***

***Transcript Request***

PARENTAL CONSENT FORM

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Name of Student Date of Birth

Please send the following information:

* Scholastic records

**Current School should mail back to:**

Principal, FAITH LANDMARKS ACADEMY

8491 Chamberlayne Road

Richmond, VA 23227

Phone 804-262-8256 fax: 804-266-7127

* Immunization and Health record
* Standardized test scores
* Birth Certificate
* Social Security Number/copy of card
* Any diagnostic test that have been administered
* Discipline records

NOTE: *We do not enroll families with an unpaid balance to a prior school. Please inform us if the above student’s account is not paid in full to your institution by the end of the school year.*

Does this family owe your school any outstanding balances? □ Yes □ No If yes, please explain:

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DISCIPLINE INFORMATION: Has this student ever been suspended or expelled from school?

 □ Yes □ No

If yes, when:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach a copy of the expulsion/suspension notice.

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Signature of Principal Date

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AUTHORIZATION STATEMENT AND SIGNATURE

TO: (School Name & Address)

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I authorize you to release the information specified above to FAITH LANDMARKS ACADEMY.

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Signature of Parent or Guardian Date