



**COMMUNITY
SCHOOL**

Contact: Victoria Coogan

Director of Admissions

7815 Williamson Road

Roanoke, Virginia 24019

Tel: 540-563-5036

Fax: 540-362-1183

**Authorization for Release/Exchange of Record Information
(for Students Applying to Community School)**

Student's Name _____ Date of Birth _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Current or Last Grade Completed _____

The above-named student is applying for admission to Community School. Please send copies of the items listed below to the Director of Admissions (7815 Williamson Road, Roanoke, VA, 24019 or fax 540-362-1183) at your earliest convenience. The requested information must be on file in the admissions office before we can make an enrollment decision for new applicants.

1. Transcripts of elementary and middle school grades.
2. Elementary and middle school standardized test scores.
3. Most recent report card.
4. Confidential records (psychological, psychiatric, etc.).
5. Disciplinary records (behavior problems, suspension).
6. Other school records relevant to admission and placement (i.e. classroom accommodations, special program placement, IEP, ISP, 504 plan, additional educational assessments).
7. Health and Immunization records and birth certificate verification.

I hereby authorize _____ (Name of School) _____ (Phone)

(Street Address) (City) (State) (Zip)

to release my child's complete student record, including all of the above-listed items, as requested by Community School. I authorize the Executive Director, Director of Admissions, and teachers at Community School to discuss my child with the guidance counselor, teachers, principal and other school personnel at the above-named school. In addition, should my child enroll at Community School, I authorize the above-named school to forward my child's complete, updated records to Community School at the end of the school year.

Date of Request _____ Parent's/Guardian's Signature _____