



3909 S. MacDill Avenue•Tampa•FL•33611  
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## Student Records Release Authorization Form (Parents: Please deliver to Student's Current School)

Student's Current School: \_\_\_\_\_

School Address: \_\_\_\_\_  
(Street, City, State, Zip)

Student's Name and Grade: \_\_\_\_\_

The above student is applying for admission to Bayshore Christian School. In accordance with the provisions of the Family Education Rights and Privacy Act of 1974, please send or fax the following information to the Office of Admissions at Bayshore Christian School on the student referenced above:

- All Report Cards
- All Testing Scores
- Behavior Records
- Health Data (for grades Kindergarten-12<sup>th</sup>)
- Information in Cumulative File

\_\_\_\_\_  
Parent/Guardian's Name (Please Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date