

OAKLAND CHRISTIAN SCHOOL

Parents: Please complete & return to the Oakland Christian School Admissions office. We will send to the school listed below once the Admissions process has been completed.

Authorization for the Release of Student Records

In compliance with Public law 93-380, Section 438, subsection b (1) and b (2), Protection of Rights and Privacy of Students, schools may not divulge records or personal information included in them to a third party without consent of the student (18 or over) or the parent or guardian of a student under 18.

Please include:

GENERAL EDUCATION RECORDS, CA60 (Should include all grades at time of transfer, attendance, immunization, health records, standardized testing, and previous report cards)

SPECIAL EDUCATION/CONFIDENTIAL RECORDS (Should include medical, psychological, social worker reports, IEPC records, etc.)

INFORMATION regarding any attendance in special education programs or adjustment of curriculum for any reason.

Student Full Name: _____

Birth Date: _____ Entry Date: _____ Grade Entering: _____

Home Address: _____

City, State Zip: _____

Current Phone Number: _____

PREVIOUS SCHOOL: _____

SCHOOL ADDRESS: _____

CITY, STATE ZIP: _____

Parent Signature: _____

Parent Printed Name: _____

Please Mail To:

**Oakland Christian School
3075 Shimmons Road
Auburn Hills, MI 48326
248.373.2700 (f) 248.373.9255**

OCS Authorized Requestor: _____