

City Academy

Release of Information

**Please give this form to your child's current school.
Records must be sent directly to City Academy from the current school.**

Parents, in order to ensure that we receive the most up-to-date information about your child, please do not submit this to your child's school any earlier than the first week of January.

I /We authorize the release of my child's:

- | | | |
|--|--|--|
| - report cards | - individual education program (IEP) plans | - speech evaluation and hearing/vision testing records |
| - student progress reports | - current teacher recommendation | - attendance reports |
| - standardized test results | - discipline records | - medical records |
| - records from any previous school(s) | - interpretation of grading scale | - immunization and medical records |
| - records documenting reading progress | - psychological report | - criminal/court dispositions |

To be forwarded to:

City Academy Admissions Office
4175 North Kingshighway Boulevard
Saint Louis, Missouri 63115
Phone: 314.382.0085
Fax: 314.382.0228

I/We authorize City Academy to contact schools and other sources to obtain information relative to my/our child's application. I/We will not seek access to confidential recommendation and evaluation material before or after the admission decision is made.

Applicant's Full Name: _____

Grade _____ D.O.B. _____ Applying for Grade _____ Starting (month/year) _____

Current School _____

School Address _____

Street Address _____ City _____ State _____ Zip _____

School () _____ School Fax () _____

STATEMENT OF CONFIDENTIALITY: It is the policy of City Academy that all information received regarding a student's application for admission is treated with complete confidentiality. Only authorized school personnel have access to such information and then only to the extent that the information is relevant to admission and placement decisions. Information received within the scope of this policy is not disclosed to the applicant or the applicant's family.

Signature of Parent or Legal Guardian _____ Date _____

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***All requested documentation is due in the City Academy Admissions Office
within five (5) days of the request.***