



Discovery Charter School

RELEASE OF STUDENT RECORDS FORM

REQUIRED FOR ALL STUDENTS

Please send records to:

Discovery Charter School
800 Canonie Drive
Porter, Indiana 46304
Fax: (219) 929-5723
Email: applications@discoverycharter.org

Student Name

Parent/Guardian Name

Address

City

State/Zip

School district name (based on home address)

Check the appropriate box(es) below and provide names of your child's former school or the school district where indicated.

For students entering kindergarten or for students who have never attended public school

Whereas my child is currently enrolled in Discovery Charter School for the 2016-2017 academic year, I am hereby notifying _____ (school *district* based on home address).

For students entering grades 1-8 in 2016-2017

Whereas my child is currently enrolled in Discovery Charter School for the 2016-2017 academic year, I give my permission to _____ School (*school most recently attended by OR school last attended if student is currently home schooled*) to release my child's academic records to Discovery Charter School. Please include all relevant records including special education, academic testing, official school records, medical records, and academic or disciplinary interventions.

Parent/Guardian Signature

Date

Print Name