



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

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Student Name

Parent/Guardian Name

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Address

City

State/Zip

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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 2019-2020 academic year, I am hereby notifying \_\_\_\_\_ (school *district* based on home address).

**For students entering grades 1-8 in 2019-2020**

Whereas my child is currently enrolled in Discovery Charter School for the 2019-2020 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.

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Parent/Guardian Signature

Date

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Print Name