

**Providence Christian Academy**

**School Address:** 385 Chapman St. Greenfield, MA 01301

**Phone:** 413-325-3917 **Fax:** 413-828-2554

**Email:** admissions@pcama.org

**Website:** www.pcama.org



**RELEASE OF RECORD**

Providence Christian Academy requires student records from previously attended schools. Please complete the form and send it to your child's school for release of student records.

\*If the student was homeschooled, provide any end of year transcripts or a student portfolio showing the student's work in courses taken for the given grade.

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**Student's Previous School Name:** \_\_\_\_\_

**School Address: City: State: Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

The following student(s) have enrolled in our school. Please send the requested information to the Fax or Email listed above.

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

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-Cumulative academic record

-Medical Records (immunizations, physical)

-Special Education Records (current IEP, next IEP, and all evaluations/supporting documentation)

-504 Plan (current 504, next 504, and all evaluations/supporting documentation)

-English Learner Records

**PERMISSION FOR RELEASE OF RECORDS GRANTED BY**

I, \_\_\_\_\_, authorize the release of the records specified above.:  
*Parent Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*