

Signature

## EMMANUEL LUTHERAN SCHOOL

51 Wilburn Place Asheville, NC 28806 828-281-8182 fax 828-254-3940

## **Request for Release of Academic Records**

Dear Parent: Please complete the upper portion of this form and give it to the appropriate official at the applicant's current school.	
My child,, is an applicant for admission to Emmanuel Lutheran School.  I authorize to release his/her records to Emmanuel Lutheran School and to share educational information with Emmanuel Lutheran School personnel.	
Signature of Parent or Guardian	Date
Dear Principal or School Counselor: This student has made application to Emmanuel Lutheran School. Please complete this form and provide a transcript of his/her grades for the current year to date and the two previous years (if applicable). Please include the results of all standardized testing. Please keep a copy of the parent's release on file so that we may request first term and final grades and other appropriate information where applicable.  Information may be mailed to:  Elizabeth Meschke, Principal  Emmanuel Lutheran School  51 Wilburn Place  Asheville NC 28806	
This form will NOT become a part of the applicant's permanent	record. Thank you for your assistance.
Name of School:	□ Public □ Private
Please rate the applicant with regard to general conduct:  □ Excellent □ Good □ Typical □ Fair □ Poor  Has it ever been necessary to retain, suspend, or expel the applicant? □ Yes □ No  If yes, please explain:	
Has the applicant ever been declared eligible for special service. Has the applicant demonstrated good study and work habits at y. Is this student's academic record a reliable index of his/her pote. How do you rate the applicant's academic potential?    Excellent   Above Average   Average     Do you recommend this student?   Strongly Recommend   Yes   With reserved.	our school?

Title

Date