

Mesquite Friendship Christian Academy

Consent to Request Confidential Information

Parents, please send to student's current school

Date Sent Mailed _____

___ Initial Request

___ 2nd Request

The student listed below has applied for enrollment to Mesquite Friendship Christian Academy. The following information is required in order to complete the application. Please submit the following information immediately in compliance with TEC guidelines. If individuals are not applicable, please simply N/A next to them.

Applicant's Name _____

LAST

FIRST

MIDDLE

PREFERRED NAME

Current Grade _____ Date of Birth _____

Applicant's Current School _____

District _____

School Address _____

City, State, Zip _____

Phone Number _____ Fax Number _____

Records to be Released/Records Requested:

___ Grades, including withdrawal grades

___ Date of entry/withdrawal from your school

___ STAAR/EOC scores/Test records/achievement scores

___ Birth Certificate, Social security card

___ Report card (current)

___ Home Language Survey

___ Health History/Immunization Record

___ Special Education Records

___ Discipline Referrals & History

You are authorized to release requested confidential information listed above.

Signature of Parent/Guardian

Date

Please return this referral directly to the Mesquite Friendship Christian Academy Admissions Office at 680 E. Highway 80 Mesquite, TX 75149 • Phone 972-329-5030 • Fax 972-329-7814 • www.mesquitefriendshipca.com.