



Release of Student Records

Applicant's Name _____ Applying for Grade _____

Authorization for Release of Education Records

In accordance with the federal regulations regarding the privacy rights of parents and students under the Family and Privacy Act of 1974, the undersigned hereby consents to the release of all educational records of the above-named applicant to Lake Ridge Academy.

_____ Date

_____ Signature of Parent or Guardian

To School Officers:

The student whose name appears on this form has applied for admission to Lake Ridge Academy. So that we may be informed fully of the candidate's qualifications, please send us copies of the following information:

1. A transcript of the student's school records to date, including report cards and/or comment sheets.
2. All standardized test results.
3. Any psychological or specialized testing results and, if applicable, an IEP.
4. Immunization / health records with confirmed enrollment to Lake Ridge Academy.
5. Other information that you feel might be helpful to us in evaluating this student.

To the Principal or School Counselor:

Is this student enrolled in classes sectioned according to ability? _____

If so, please indicate what section(s) or track(s) (e.g. honors, advanced, regular) in which the student is enrolled:

Please share any information that will help us to become better acquainted with the applicant (e.g. health issues, learning differences, academic remedial or enrichment experiences, family circumstances).

Continue on reverse side 

If the answer is yes to any of the questions below, please elaborate.

Has the applicant ever undergone an evaluation of learning differences administered by a clinical psychologist, psychiatrist, school psychologist, or educational specialist? If yes, please explain.

Does the applicant require any special personal and/or academic support or accommodations at school? If yes, please explain.

Has the applicant ever been dismissed, suspended, placed on probation, or received other serious disciplinary sanctions? If yes, please explain. _____

Is there any additional information that can be better conveyed in a phone conversation? _____

I recommend this student to Lake Ridge Academy: Enthusiastically Confidently Moderately With Reservation

I do not recommend this student to Lake Ridge Academy. If not, please explain.

Date of student's entrance to your school _____

Your Name _____ Position _____

School Email _____ School Phone _____

School _____ School Address _____

City _____ State _____ Zip _____

Signature _____ Date _____



**Please email or fax records to:
Lake Ridge Academy
Admission Office
admissions@lakeridgeacademy.org
Fax: 440.327.3641**

Lake Ridge Academy admits students of any race, color, sexual orientation, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to the students at the school. It does not discriminate on the basis of race, color, sexual orientation, national and/or ethnic origin in administration of its educational policies, admissions policies, financial aid programs, and athletic and other school administered programs.