

Release of Student Records to High Point Christian School

Please complete the highlighted fields. We will submit this form to your child's current school.

Date:			
To:	Name of La	ast School Attended	
	Street Addr	ress	
	City	State Zip	
The fo date o	ollowing <mark>stuc</mark> of birth	dent, , has enrolled at High Point Christian School.	
		appropriate statement:	
	I	hereby attest that the above student is "in good standing."	
		hereby attest that the above student is NOT "in good standing" due to a past or current suspension and/or expulsion on these dates:	t
	ir o	hereby attest that the above student is NOT "in good standing" for knowingly possessin in a school building or on school grounds a weapon; or for knowingly possessing, selling or delivering in school building or on school grounds a controlled substance or cannabis or for battering a staff member or fellow student of the school.	g,
Name	of Principa	 I	
Signat	ture of Princ	cipal Signature Date	
		student in good standing," please forward all school records (behavioral, complete , and health records) to the following address.	
		High Point Christian School 7702 Old Sauk Road Madison, WI 53717	
Reque	est Sent	Parent/Guardian Signature	
Recor	ds Received	d Date	

Please call the school office immediately (608-836-7170) if the above student is not a "student in good standing."