



Parents' Authorization For Release of Records

Date: _____

To: Principal or Guidance Counselor:

I have applied for my child, _____,
to attend Rainbow Community School in grade _____ beginning in
_____ month of the _____ school year. I give permission for
you to send to Rainbow Community School the following information
concerning my child for admission purposes:

Health Records
Attendance Records
Standardized Tests (intelligence, aptitude, and achievement)
Academic Performance (classroom grades, or evaluations)
Special education documentation (diagnostic and psychological tests, care
team referral, 504 plan, current individual education plan, IEP)

Thank you for your prompt attention to this matter.

Signed _____

Relationship to child _____

Please Note: This is not a withdrawal for this student. Please do not send permanent records at this time.

Send to: Attn: Sheila Mraz, Admissions Director
574 Haywood Rd. Asheville, NC 28806
Fax: 828.348.5492
Direct: 828.258.9264, ext.135
Email: sheila.mraz@rainbowlearning.org