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Authorization To Release Student Records

To the current teacher/principal of _____
(print child's name)

Please release information requested on this form for my child and forward directly to Christ the King Catholic School at your earliest convenience. Our application to Christ the King is not complete until this form is submitted.

Parent/Guardian Signature

Date

To be completed by the current teacher/principal

Present grade of student _____ Number of years at this school _____

Please rate the student using the following criterion.

(E = Excellent, G = Good, F = Fair, U = Unsatisfactory)

Attitude _____ Work ethic _____ Behavior _____ Cooperation _____

Attendance _____ Study habits at home _____ Study habits at school _____

(continued on back)

Is the student currently receiving or has the student received special services or educational testing in the past? (Speech, fine motor, language, tutoring, etc...?)

Does the student have an IEP or individualized learning plan?

Additional comments.....

Name of person completing form

Title/Position

Signature

Date

School Name _____

Address _____

School Phone _____