



## RECORDS RELEASE FORM

**Parents:** Please complete the following release form and return it to Christ Methodist Day School with the other application materials.

Student's Name: \_\_\_\_\_

Applying for \_\_\_\_\_ grade at Christ Methodist Day School.

Student's Present Grade: \_\_\_\_\_

Student's Present School: \_\_\_\_\_

Student's Teacher: \_\_\_\_\_

School's Mailing Address: \_\_\_\_\_

School's Phone Number: \_\_\_\_\_

School's Fax Number: \_\_\_\_\_

*I give my permission to release all school records, including the most recent report card, standardized test results, cumulative records, immunization records, and a confidential teacher recommendation form.*

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

**For the School:** Please mail or fax all records of the above named student to the address below.

**Christ Methodist Director of Admissions**

411 S. Grove Park

Memphis, TN 38117

(901) 761-5759 Fax Number

(901) 261-2157 Admissions Office

admissions@cmdsmemphis.org