



Records Release Form

For the Parent/Guardian:

Please complete this portion of the form and return to Christ Methodist Day School.

Student's Name: _____

Applying for _____ grade for the _____ school year.

Current School: _____ Teacher's Name: _____

School's Address: _____

City/State/Zip: _____

School's Phone Number: _____

School's Fax Number: _____

I give my permission to release all school records, including report cards, standardized test results, cumulative records, and immunization records. I understand that the teacher recommendation form is confidential and will not be shared with me or added to my child's permanent record. I also give Christ Methodist Day School permission to observe my child in his/her current school, if needed.

Signature of Parent/Guardian: _____ Date: _____

For the Student's Current School:

The above named student is applying to Christ Methodist Day School. Please mail, email, or fax the student's
-cumulative record
-report cards (current and past year)
-standardized test results
-confidential teacher recommendation form

We would appreciate receiving all records no later than _____.

Thank you for your assistance.

Send to:

Mail: Christ Methodist Day School
Attn: Admissions
411 South Grove Park Road
Memphis, TN 38117

Email: admissions@cmdsmemphis.org

Fax: 901.761.5759