

RECORDS RELEASE FORM

Parent Instructions:

This form is to be given to an official or registrar at your child's current school after completing the information below. The school must return the form with official school records no later than August 15, (dependent upon the cutoff date for enrollment).

I, _____, hereby, give permission to
(Parent/Guardian's Name)

_____, to release my child's _____
(School's Name) (Child's Name)

school records to Dr. R.W. Goines Stem Academy. My child's current grade is _____
(Child's Grade)

_____, and his/her date of birth is _____
(Child's Name) (Child's Birth Date)

Signature of Parent or Guardian

Date

Registrar's Instructions:

The above-referenced student is applying for admission to Dr. R.W. Goines Stem Academy. Please complete and send the following information no later than August 15:

- Current academic transcripts – INCLUDING CURRENT WITHDRAWAL GRADES
- Cumulative records for previous two years
- Standardized test scores
- Attendance and conduct reports
- Report Cards
- Any other achievement scores
- Special programs information
- Health/Immunization Records

Prompt attention to this request is greatly appreciated.

Signature of School Official

Date

Print Name

Please return this form and requested material directly to:

RETURN TO:
DR. R.W. GOINES STEM ACADEMY
2455 SE Green Oaks Blvd • Arlington, Texas
76018 (T): 817-466-8967 • (F): 817-928-1654
e-mail: info@rwgstem.com
website: www.rwgstem.com