



**VAIL CHRISTIAN HIGH SCHOOL
OFFICIAL RELEASE OF STUDENT INFORMATION**

PARENTS: Please complete the information requested below and return it with your registration materials.

Student's Name: _____

Date of Birth: _____

Name of Present/Most Recent School: _____

School Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Fax: _____

I hereby authorize the school listed above to release my student's transcript of grades, standardized or special testing results and any individual education program (IEP) results to:

Admissions
Vail Christian High School
31621 Highway 6
Edwards, CO 81632

OR

Information can be faxed to: (970) 766-3016, Attn: Admissions

My signature authorizes the release of all such information as specified above. I understand that this material will be treated in a confidential manner and will be used for the purpose of possible admission to Vail Christian High School.

Parent(s)/Guardian Signature _____

Date _____