



## Parents' Authorization For Release of Records

Date: \_\_\_\_\_

To: Principal or Guidance Counselor:

I have applied for my child, \_\_\_\_\_,  
to attend Rainbow Community School in grade \_\_\_\_\_ beginning in  
\_\_\_\_\_ month of the \_\_\_\_\_ school year. I give permission for  
you to send to Rainbow Community School the following information  
concerning my child for admission purposes:

Health Records  
Attendance Records  
Standardized Tests (intelligence, aptitude, and achievement)  
Academic Performance (classroom grades, or evaluations)  
Special education documentation (diagnostic and psychological tests, care  
team referral, 504 plan, current individual education plan, IEP)

Thank you for your prompt attention to this matter.

Signed \_\_\_\_\_

Relationship to child \_\_\_\_\_

Please Note: This is not a withdrawal for this student. Please do not send permanent records at this time.

Send to: Attn: Sheila Mraz, Admissions Director  
574 Haywood Rd. Asheville, NC 28806  
Fax: 828.348.5492  
Direct: 828.258.9264, ext.135  
Email: sheila.mraz@rainbowlearning.org