



RECORD RELEASE

Parent/Guardian's Name: _____
(Please print)

I hereby authorize:

Principal's Name _____

School Name _____

Address _____ Phone (____) ____ - ____

_____ Fax (____) ____ - ____

to release the school records of

Applicant's Name _____ Current Grade _____

Date of Birth ____/____/____

Social Security Number ____-____-____

To: **WAXAHACHIE PREPARATORY ACADEMY**
P.O. BOX P
WAXAHACHIE, TEXAS 75168

Phone: 972-937-0440

Fax: 972-937-5033

Parent's Signature **Date** ____/____/____

Attention School Registrar,

Please provide the following documents:

- High School Transcript
- Report Card/Skill Sets
- Standardized Testing
- Attendance Records
- Discipline Records
- Any Special Accommodations (ARD, 504)

