



# Life Way Christian School

351 W. Centerton Blvd. • Centerton, Arkansas 72719  
479-795-9322 • [www.lwcsar.com](http://www.lwcsar.com)

## Student Record Release Authorization

Applicants Name \_\_\_\_\_  
Last First Middle Preferred Name

Current Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Applicant's Current/Previous School \_\_\_\_\_

School Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Life Way Christian School requests the following records for the student listed above:

- \_\_\_\_\_ Complete Transcript of Grades
- \_\_\_\_\_ Health information and Immunization Records
- \_\_\_\_\_ Standardized Test Scores
- \_\_\_\_\_ Copy of birth certificate and social security card
- \_\_\_\_\_ Modification or IEP if applicable

Please send these documents to:

Life Way Christian School  
P.O. Box 220  
Centerton, AR 72719

I give permission for the above records to be sent to Life Way Christian School.

\_\_\_\_\_  
Parent/Guardian's Printed Name

\_\_\_\_\_  
Parent/Guardian's Signature Date