

SPARK CHARTER SCHOOL

Parent Authorization for the Release of Student Records

New students coming from another school must complete and submit this form.

Name of Student

Date of Birth

Present Grade

Current School District

Current School

School Address

School Phone/Fax Number

In accordance with Federal and State laws, I, the undersigned authorize the school listed, above, to release all school records, including grades, standardized test results, IEP, 504, GATE, CELDT, suspension/retention, and any other educational and/or developmental information regarding the student listed above to:

SPARK CHARTER SCHOOL (Attn: Enrollment)

Name of School

739 Morse Ave.

Mailing Address

Sunnyvale, CA 94085

City, State, ZIP

I, also, hereby authorize the released records to be used by Spark Charter School and their authorized agents in the educational process of the above named student. I further understand that I and/or the student may receive, upon my written request a copy of any of the above released records, such records to be subject to interpretation as necessary by competent school personnel. The school district may release student information to officers of another school, school system of institution or post-secondary education where the students seeks or intends to enroll, or where the student is already enrolled so long as the disclosure is for purposes related to the students enrollment or transfer. Family Education Rights and privacy Act (20 U.S.C. & 1232g.34 CFR Part 99).

Name of Parent/Legal Guardian (please print)

Signature of Parent/Legal Guardian

Relationship to student

Date



739 Morse Ave.
Sunnyvale, CA 94085

PHONE 408-752-2631
FAX NA
EMAIL info@sparkcharter.org
WEB SITE www.sparkcharter.org

04/15