

Please return to FACS Director of Admissions with your completed application.

Student's Name _____ Current Grade _____

School Last Attended _____

School Address _____ City _____ State _____ Zip _____

AUTHORIZATION

I, _____ hereby authorize the release of any official records, complete transcript of grades, test, psychological evaluations, and other teacher-referred information concerning the above-mentioned student's academic and behavioral performance.

I, _____ understand that records will not be released if I am under any financial obligation. If my records are unavailable, the enrollment will be delayed until the records are released.

Parent/Guardian Signature

Date

SEND RECORDS TO

First Assembly Christian School

Attn: Carolyn Long
8650 Walnut Grove Rd
Cordova, TN 38018
Office (901) 458-5543
Fax (901) 324-3558
clong@facsmemphis.org

PLEASE RETURN THE FOLLOWING INFORMATION AS SOON AS POSSIBLE:

- Official complete transcript through last grade attended
- Copy of student's most current report card
- Standardized test scores
- All health records (including copy of birth certificate and Social Security card)
- Psychological report (if applicable)
- Any additional academic or behavioral information that may be relevant to the student's file

FACS OFFICE USE ONLY:

DATE SENT

DATE RECEIVED