



VAIL CHRISTIAN HIGH SCHOOL | OFFICIAL RELEASE OF STUDENT INFORMATION

PARENTS: Please complete the information requested below and return it to the VCHS Admissions Office

Student's Name: _____

Date of Birth: _____

Name of Present/Most Recent School: _____

School Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

I hereby authorize the school listed above to release my student's transcript of grades, standardized or special testing results and any individual educational program (IEP) results or 504 Plan to:

Vail Christian High School Admissions Office | 31621 Hwy 6, Edwards CO 81632

970-766-4125 | Email: kmaslan@vchsweb.org

My signature authorizes the release of all such information as specified above. I understand that this material will be treated in a confidential manner and will be used for the purpose of possible admission to Vail Christian High School.

Parent / Guardian Signature _____ Date _____