



## 2017-2018 Parent Authorization for School Records

Parent/Guardian:

Please fill out the information on this form, sign it, and forward it to the school your child is/was currently attending.

DATE: \_\_\_\_\_

To: \_\_\_\_\_  
(name of school currently attending)

I, \_\_\_\_\_, (parent or legal guardian) hereby authorizes you to release official copies of the following records for my son/daughter, \_\_\_\_\_.

1. All grade records;
2. Records of attendance;
3. Immunization records;
4. Standardized test scores;
5. Diagnostic Testing Results

Reference:

_____	_____	_____	_____
NAME OF STUDENT	BIRTHDATE	GRADE	SCHOOL YEAR

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_

**SEND ALL REQUESTED INFORMATION TO:**

**Hope Academy for Dyslexia**  
6801 Grady Niblo Road  
Dallas, Texas 75236



## Admissions Checklist

- \_\_\_\_\_ Application Form
- \_\_\_\_\_ Emergency Form
- \_\_\_\_\_ Parent Authorization for Release of School Records (for every student enrolling)
- \_\_\_\_\_ Copy of Birth Certificate
- \_\_\_\_\_ Immunization Records
- \_\_\_\_\_ Psychoeducational or dyslexia assessment
- \_\_\_\_\_ Copy of Report Card
- \_\_\_\_\_ Homeroom Teacher Recommendation
- \_\_\_\_\_ Divorce Decree
- \_\_\_\_\_ \$125 Application Fee (Check made payable to Hope Academy for Dyslexia) (Non-refundable)