

Life Academy
4545 Rainbow Drive
Rainbow City, AL 35906
Student Registration Form

Student Name: _____

Social Security number: _____

School from which transferring: _____

Overall Grade Point Average:

___ A ___ B ___ C ___ D ___ F

___ Passing all classes

___ Failing one or more classes

___ Will not pass to the next grade

___ Failure due to excessive absences

Former school(s):

School

City, State

Grades Attended

Records Release

As the parent or legal guardian of the above named child, I do hereby give my consent for the release of all academic records relating to this child's education experience to Life Academy, including transcripts, SEP's, teacher's conference notes, disciplinary actions, standardized tests, and other learning assessments, at whatever point in time they deem them necessary and direct that upon receipt of a copy of this form that the information and materials be transferred in their entirety with all due haste.

Parent or legal Guardian

Date