

## **Lake Forest Academy**

1500 West Kennedy Road, Lake Forest, IL 60045 • 847-615-3267

## Confidential Records Release

## **Parents:**

Please complete the information below, sign the release statement, and submit it directly to the applicant's school. Please also send a copy to Lake Forest Academy.

## **Authorization:**

I authorize the release of all academic records, including courses taken, grades received, attendance records, results of standardized achievement and/or aptitude tests, and health records to Lake Forest Academy for the purpose of admissions consideration. I also authorize teachers or administrators to release information about my child that would identify apparent strengths and weaknesses and patterns of behavior.

I understand that this information will be kept confidential between the sending school(s) and Lake Forest Academy.

|   |                    | Applicant's Name:    |   |                               | Date of Birth: |  |  |
|---|--------------------|----------------------|---|-------------------------------|----------------|--|--|
|   | Last               | First                | Middle Initial  |                               |                |  |  |
| Current School Name:  |                    |                      |   |                               |                |  |  |
| School Address:   |                    |                      |   |                               |                |  |  |
| Scriool Address.  | Street             | Ci                   | ty  | State                         | Zip            |  |  |
| School Phone: (   | )                  |                      | School Fax: (   | )                             |                |  |  |
| Applying for enrollment   | in grade:          | For the terr         | n beginning:  |                               |                |  |  |
|   |                    |                      |   | month                         | year           |  |  |
| Parent or Guardian Signature:   |                    |                      | Date:   |                               |                |  |  |
| School Official:  Please compile the following records and return to Lake All information will be kept confidential.  Records to be included:  Transcripts: include courses now in progress, me |                    |                      |   | (Parent: Please fill in date) |                |  |  |
| ☐ Attend<br>☐ Psychi<br>Please emai   | il to: admissions@ | 504 Plan, or any oth | ner educational evaluation<br>to:<br>West Kennedy Road, |                               | 0045           |  |  |

• www.lfanet.org

• Phone: 847-615-3267 • email: admissions@lfanet.org