



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: _____
Street City State Zip

School Phone: () School Fax: ()

Applying for enrollment in grade: _____ For the term beginning: _____
month year

Parent or Guardian Signature: _____ Date: _____

School Official:

Please compile the following records and return to Lake Forest Academy by: _____
All information will be kept confidential. *(Parent: Please fill in date)*

Records to be included:

- Transcripts: include courses now in progress, most current grades, and last year's grades
- Standardized test scores
- Attendance and disciplinary records
- Psychological testing, IEP, 504 Plan, or any other educational evaluation

Please send to:

Office of Admission, Lake Forest Academy, 1500 West Kennedy Road, Lake Forest, IL 60045

1500 West Kennedy Road, Lake Forest, IL 60045 • www.lfanet.org

Phone: (847) 615-3267 • Fax: (847) 295-8149

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