



Longleaf Academy

Achievement in Academics

600 Valley View Road, Southern Pines, NC 28387
910-692-2665 Office • 910-692-0686 Fax

Release of School Information Form

TO ADMINISTRATOR OR REGISTRAR:

STUDENT'S NAME: _____

CURRENT GRADE: _____ GRADE APPLYING FOR: _____

The student named has applied for admission to Longleaf Academy. In order for the admissions application to be complete, the following items are requested:

- 1) Student transcripts, including the current and previous years grades**
- 2) Standardized testing results and any evaluations**
- 3) Health records, including immunization report**
- 4) All specialized program reports and/or records**

Thank you in advance for your assistance in allowing us to make optimal admissions and placement decisions.
Jill K. Dejak, M.Ed. – Principal, Longleaf Academy

I authorize the release of school records and information of the above-named student to Longleaf Academy. This release is valid for a period of one year from the date of my signature.

Parent/Guardian Signature: _____ Date: _____

Please return this completed form and the requested information to:

Longleaf Academy Admissions Committee
600 Valley View Road, Southern Pines, NC. 28387

If you wish to fax the information, please fax this completed form and the requested information to:

ATTENTION LONGLEAF ACADEMY ADMISSIONS COMMITTEE
Fax: 910-692-0686