



**CONSENT/RELEASE FORM (One per child)**

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*Please supply complete information:*

**I. PARENTAL PERMISSION TO CONTACT PREVIOUS SCHOOL**

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, give my permission to a designated representative of PMCA to contact any school previously attended by this child and inquire concerning the child's behavior, attendance and academic performance, as well as the extent of my own cooperation with the schools contacted.

School Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

**II. PARENTAL PERMISSION TO RELEASE STUDENT RECORDS**

Student Name \_\_\_\_\_ Entering Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

*The above named student has enrolled in our school. Please forward the following information:*

- All student transcripts including grade, school attendance and results of any standardized testing, both achievement and aptitude.
- All psychological evaluations
- All health records and immunization certificate

*Records may be sent to:*

Philadelphia-Montgomery Christian Academy

Attn: Secretary, Upper School  
35 Hillcrest Avenue, Erdenheim, PA 19038-8281  
(215) 233-0782

Grades 6 - 12

Attn: Secretary, Lower School  
35 Hillcrest Avenue, Erdenheim, PA 19038-8281  
(215) 233-0782

Grades Pre-K - 5

Upon acceptance at PMCA, I hereby authorize \_\_\_\_\_  
(Name of school previously attended)  
to release to PMCA any and all school records including academic, medical, and confidential, on the above-named student.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_