



SOUTH CITY COMMUNITY SCHOOL

School Records Release Form

Please complete this form to authorize your student's former school to release school records to the South City Community School Admissions Office.

Attention Admissions Office at:

Former School Name: _____

Former School Address: _____

Former School Phone Number or Email Address: _____

This is to authorize the release of school records for the student listed below to South City Community School. Student records should include, but are not limited to: immunization records, current academic information, educational or support plans such as an IEP or IFSP, a school transcript and/or report card, academic achievement test results, social/case history, occupational and/or physical therapy and psycho-educational test results.

Student's Full Name: _____

Student's Date of Birth: ____/____/____ Last four digits of Student's SSN: _____

Parent/Guardian's Printed Name: _____

Parent/Guardian's Signature: _____

Please send any and all documents to: South City Community School
Attn: Admissions Office
4926 Reber Place
Saint Louis, MO 63139
admissions@sccommunityschool.org