

## **Duluth Adventist Christian School**

DACS Admission Records Request

Academic and Disciplinary Records

| Student Name                |
|-----------------------------|
| Date of Birth               |
| Most Recent School Attended |
| School Address              |
|                             |

## **Information Need for Admission into DACS**

Transcript Standardized Test Discipline Records Birth Certificate Immunization Record Any Special Program Report (Gifted, IEP, etc.)

## Please mail or email information to:

Duluth Adventist Christian School 2959 Duluth Hwy Duluth, Georgia 30096 770-497-8607 Attention: ADMISSIONS Email: <u>barbarayoung@gccsda.com</u>

In accordance with federal regulations regarding the privacy rights of parents and students under the Family Education and Privacy Act of 1974, the undersigned hereby consents to release to Duluth Adventist Christian School (DACS) of all educational records, disciplinary records, and other information as may be requested about the above-named individual who has applied to DACS.

Parent/Guarding Signature\_\_\_\_\_