



AUTHORIZATION FOR RELEASE OF INFORMATION

Student's Name: _____ DOB: _____

I hereby authorize:

Name of School/Organization: _____

Street Address: _____

City, State, Zip Code: _____

School Phone #: (_____) _____

School Fax #: (_____) _____

To release school records for the above named student to Galileo Magnet High School. Please include all pertinent information deemed necessary for enrollment at GMHS.

Parent/ Guardian Signature: _____ Date: _____

Please forward the following information as soon as possible as it is needed to begin/ complete the enrollment process. Students are not permitted to attend class until all information is received and processed.

Please send the information to:

Galileo Magnet High School

230 South Ridge Street

Danville, VA 24541

Phone: (434) 773-8186 / Fax: (434) 773-8188

RECORDS NEEDED FOR ADMISSION:

_____ Official transcripts

_____ Current grades at the time of withdrawal

_____ Virginia Standards of Learning (SOL) scores

_____ State required standardized test scores

_____ Individualized Education Plan (IEP)

_____ 504 Plan

_____ School Attendance Records

_____ Disciplinary Records

_____ Immunization Records

_____ Cumulative Health Records

_____ Birth Certificate (Copy)

_____ Social Security Card (Copy)

School Official Signature: _____

Date: _____