



**ARLINGTON**  
CHRISTIAN SCHOOL

4500 Ridge Road • Fairburn, GA 30213  
(770) 964-9871 • [info@arlingtonchristian.org](mailto:info@arlingtonchristian.org)

## RECORDS REQUEST

**Directions for Applicant's Parents:** This form is required for application to Arlington School. Please sign where indicated and send to your child's current school.

I hereby authorize you to release the requested information regarding my child's application to Arlington Christian School. I waive any access to all information from any source in conjunction with my child's application to the school names above.

Signature of Parent or Legal Guardian \_\_\_\_\_

Name of Student Applicant \_\_\_\_\_ Current Grade Level \_\_\_\_\_

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The above-named student is applying to Arlington Christian School. Please provide the following records:

- Academic Transcripts
- Standardized test scores
- Complete discipline record

Thank you for taking your valuable time to provide these records. All information provided will be held in confidence and disclosed only to the admissions committee.

*Please email all requested records with this completed form to [Maureen.wheeler@arlingtonchristian.org](mailto:Maureen.wheeler@arlingtonchristian.org) or mail them in an official envelope to the address below.*

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