



VERITAS CHRISTIAN ACADEMY *of* HOUSTON

7000 Ferris Street, Bellaire, TX 77401

Office: 713-773-9605 FAX: 713-773-9753

admissions@veritasca.org

RECORD RELEASE FORM

To be completed by parent or guardian.

Name of applicant: _____

Current grade: _____ Date: _____

Current school: _____

City: _____ State: _____ Zip: _____

School phone: _____

School fax: _____

My child is applying for admission to Veritas Christian Academy.
I hereby authorize you to release any school records, transcripts,
report cards and standardized test results directly to Veritas.

Parent/Guardian name: _____

Signature: _____

Dear Registrar:

The student named above is seeking admission to Veritas Christian Academy. We appreciate your efforts on behalf of the above-named student and we thank you for providing the needed credentials as the application process will not start until all recommendations are on file. Please mail all records (including transcripts, standardized test scores and medical records) to:

Admissions Office
Veritas Christian Academy
7000 Ferris Street
Bellaire TX 77401
www.OneGreatSchool.com

Veritas Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It will not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school administered programs.