

Release of Student Record and Handbook Review Acknowledgement

Parent Permission to view student records (To be signed by parent/ guardian & student)

_____ (Print: Student's Full Name) _____ (Date)

I hereby grant consent for the release of my child's middle/high school grades, transcripts and standardized test scores to **Valley Scholars Program**. In addition I acknowledge I have read the student handbook and agree to the program participation guidelines.

_____ (Signature of Parent/Guardian) _____ (Date)

_____ (Signature of Student) _____ (Date)

Student Information Update Sheet

Please PRINT all information clearly

Check here if any information is new!

Student's LAST Name _____, FIRST Name _____

Street: _____

City: _____, Virginia Zip Code _____

Primary Phone #: _____ Cell Phone #: _____

Birthday _____ Language spoken at home: _____
Month Day Year

Father (Last) _____ First _____

Cell Phone: _____ Work Phone _____

Mother (Last) _____ First _____

Cell Phone: _____ Work Phone _____

Student Email: _____

Parent Email: _____

