



Worshippers' House of Prayer Academy  
8350 N.W. 7<sup>th</sup> Avenue  
Miami, FL 33150  
Tel: (305) 200-3245  
Fax: (305) 460-8045  
Website: [www.whopacademy.org](http://www.whopacademy.org)

# STUDENT RECORD RELEASE

## Student Information

Name of student \_\_\_\_\_  
Student Address \_\_\_\_\_  
Student Phone \_\_\_\_\_ Current Grade \_\_\_\_\_  
Records for School Year \_\_\_\_\_

Dear Counselor:

The above named student is applying for admission to Worshippers' House of Prayer Academy for the \_\_\_\_\_ - \_\_\_\_\_ school year.

Please enclose the following information as it is relevant to developing an appropriate and informed educational plan for this student:

- Student Transcript
- Final Report Card
- Student health/medical records
- Standardized test scores (SAT, FCAT, TOEFL, etc)
- Psychological/social records, if any
- Special Education information, if any (I.E.P)
- Disciplinary Records (Including any suspension and/or expulsion)
- Other Relevant Evaluation Information

Releasing School Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please send the information above to:

**Worshippers' House of Prayer Academy**  
**8350 NW 7th Avenue**  
**Miami, Fl 33150**

I hereby authorize the release of my Child's records, including transcripts, test results, report cards, health records, disciplinary records, special needs information and any other information requested. This information is to be used in determining the admission status of this student. Both written and telephone communications are permitted to improve and/or aid in the educational programming of my child.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date