

# Milton High School Enrollment Form



## AUTHORIZATION TO RELEASE CONFIDENTIAL STUDENT INFORMATION

Student Full Name (Please Print): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Name (Please Print): \_\_\_\_\_ School: \_\_\_\_\_

- I authorize the persons or agencies listed below to release confidential records, medical, health and educational information and/or other confidential student information (as identified below) for the above student.

### PERSON/AGENCY RELEASING RECORDS (PLEASE PRINT):

Name/Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### THESE RECORDS MAY BE FORWARDED TO (PLEASE PRINT):

Name/Organization: Milton High School Phone: 470-254-7117

Address: 13025 Birmingham Highway Fax: 470-254-2887

City: Milton State: GA Zip Code: 30004

- Release of student information will be reciprocal between persons/agencies listed above (Please check box).

- I understand that signing this authorization is voluntary and may be revoked at any time by providing a written notice to Fulton County School System. The withdrawal of this authorization does not affect any student information disclosed prior to this written notice.

- This authorization expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Email to:** [hight@fultonschools.org](mailto:hight@fultonschools.org)

(insert applicable date or if blank, consent expires 12 months from date signed on this release)

### The following information will be released/exchanged (Check All That Apply):

#### EDUCATIONAL RECORDS

All Student Educational Records

- Enrollment
- Withdrawal
- Attendance
- Behavior
- Grades/Progress reports
- Immunization
- Official Transcript
- Student Intervention Team records/minutes/plans
- Other: \_\_\_\_\_

#### SPECIAL EDUCATION RECORDS

All Special Education Evaluation and Records

- Educational Evaluation/Student Achievement
- IEP Meeting Minutes
- Individualized Education Plans (IEP)
- Consent for Placement
- Consent for Evaluation
- Adaptive Behavior reports or checklists
- Behavioral reports or checklists
- Transition Plan
- Eligibility Report for all Categories of Disability
- Developmental/Social/Behavioral History
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

#### SPECIALIZED EVALUATIONS AND RECORDS

All Specialized Evaluation and Records

- Psychological
- Neuropsychological
- Treatment Plan/Recommendations
- Occupational Therapy
- Physical Therapy
- Speech/Language
- Vision
- Hearing
- Otological
- Audiological
- Other: \_\_\_\_\_

#### MEDICAL EVALUATION AND RECORDS

All Medical Records

- Psychiatric
- Diagnoses
- Medications
- Educational Impact Summary
- Discharge Summary
- Outpatient Treatment Plan
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_