



**RESTORINGHOPE**  
—CHRISTIAN ACADEMY—

Restoring Hope Christian Academy Umbrella Program

**AUTHORIZATOIN TO RELEASE OFFCAL SCHOOL RECORD**

Student's Full Name: \_\_\_\_\_

Grade in the Fall: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_  
Street City State Zip

My child's registered to attend Restoring Hope Christian Academy Homeschool Umbrella Program. I hereby authorize you to release to RHCA Umbrella Program the following records:  
Certified copy of complete transcript (including grades, credits, all standardized test results and conduct reports)  
Birth Certificate, Immunization Records and all disciplinary records.

Mail or Email records to:  
Restoring Hope Christian Academy 1041B Center Point Road Hendersonville, TN 37075  
Email: [umbrella@rhcatn.com](mailto:umbrella@rhcatn.com)

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

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**Must be completely filled out by applicant**

Name of Current School: \_\_\_\_\_

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School Address City State Zip

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Phone Email Address

(This page is not required for those re-enrolling in the umbrella program as we already have your students records)