OUR MISSION

Williamsburg Christian Academy's mission is to provide college preparatory instruction in a culture of grace through personalized learning in academics, arts, and athletics while building relationships that inspire students to serve their community and become Christ-centered leaders.



OUR VISION

The vision of Williamsburg Christian Academy is to partner with parents and the community to inspire minds to inquiry through God's wisdom, hearts to compassion in God's service and lives to Christ in leadership.

STUDENT RECORD RELEASE FORM

STUDENT INFORMATION

Name:	Date of Birth/	/Current Grade
Student Address:		
Street	City	Stete ZIP
School Currently Attending:		
School Address:		
Street	City	Stete ZIP
School Phone:	School Fax:	
All Academic Records Health/Immunization Records All Disciplinary Records Written Comments and Evand psychologists	ords valuations (including IEP's by teachers,	guidance counselors,
HOMESCHOOL APPLICANTS:		
Provide a written summary portfolios, and test results	of the curriculum used; include work sif available.	samples, student
AUTHORIZATION STATEMENT	AND SIGNATURE OF PARENT	OR GUARDIAN
You are hereby authorized to furnish Wil student listed above.	lliamsburg Christian Academy with con	nplete records for the

Please return completed information to:

Signature of Parent/Guardian:__

Williamsburg Christian Academy Attn: Admissions 101 School House Lane, Williamsburg, VA 23188

FOR EVALUATION PURPOSES ONLY

This request is to determine the student's acceptance at WCA. Parents will notify your school of their intention to withdraw.

Fax to: 757-345-5597 or email a scanned copy to admissions@williamsburgchristian.org



Date: