

Supportive Educational Services, Inc.

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2101 Sardis Road North
Suite 216
Charlotte, NC 28227
Phone 704-847-4114

Student Name: _____

Parent's Name: _____

Address: _____

Home Phone #: _____

Cell Phone #: _____

Work Phone # _____

Fax # _____

E-mail Address _____

Student's Date of Birth: _____

Current Grade Placement: _____

Authorization to Release Information:

I hereby authorize the SES, Inc. staff to release my child's test results to Lake Norman Christian School. It is my understanding that these test results will be considered regarding my child's admission into the school.

Parent/Guardian Signature: _____

Date: _____