LIFE CHRISTIAN SCHOOL / ACADEMY
Request for Records

Parent / Guardian of Applicant:

Please complete the upper portion of this form and return with your student's Application for Admission.

Student Name: ____

Circle Present Grade or Grade Completed: ____________________ Date of Birth: ______________

Last School Attended: ____________________________________ Phone: ________________

____
Complete School Address City State Zip

____
Parent Signature Date

UNDER PUBLIC LAW 93-380, NOW AMENDED IN SECTION 99.34, PL93-568, NO PARENT SIGNATURE IS REQUIRED FOR EDUCATIONAL RECORDS SENT TO ANOTHER EDUCATIONAL AGENCY.

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This portion will be completed by the Life Christian Office of Admissions and sent to the school listed above.

☐ The student named above has made application for admission to Life Christian for the _____________ school year. Please send **COPIES ONLY** of transcript or grade reports, standardized test scores, discipline, attendance, and special needs information that would assist us in evaluating this student's ability and social development.

Date of Request: _____________ Registrar: ____________________________________

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☐ The student named above has been <u>accepted for admission</u> by Life Christian and will be enrolled for the ______________ school year. Please send the permanent cumulative records at your earliest convenience.

Date of Request: _____________ Registrar: ____________________________________

Thank you for your assistance. Please return this original form, or a copy of it, along with the materials we have requested.

Office of Registrar * Life Christian
1717 So Union Ave * Tacoma, Washington 98405
(253) 756-2190 * Fax: (253) 879-9706