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: ____

Present Grade or Grade Completed (**circle one**): _____________________ 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 completed by the Life Christian Office of Admissions and sent to the school listed above.

☐ Application for admission has been received for the _______________________ school year. To assist in evaluating this student's application, please send copies only of unofficial transcript (HS only), grade reports (Gr. K-8), standardized test scores, discipline, attendance, and special needs.

Date Requested: ____________________ Signed: *Norma Rouleau, Registrar*

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☐ This student has been <u>accepted for admission</u> and will be enrolled for the ________________ school year. Please send the permanent cumulative records at your earliest convenience.

Date Requested: ____________________ Signed: *Norma Rouleau, 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) 756-2468 * Fax: (253) 879-9706