



Kingsway Christian School

Request for Release & Transfer of School Records

Date _____

School Name _____

Address _____

City _____ State _____ Zip Code _____

RE: Student's Name _____

The above listed student has applied to enter grade _____ at Kingsway Christian School.

We are requesting the following information:

_____ Academic Records

_____ Health & Personal Records (*including record of immunizations & birth certificate*)

_____ Clinical & Professional Records (*including any 504 plans or I.E.P.'s for this student*)

_____ Other _____

Please send these records to the attention of Marcie Reed, Admissions Coordinator at:

**Kingsway Christian School
7979 East CR 100 North
Avon, IN 46123**

If you have any questions or concerns, please call Marcie at 317.272.2227 ext. 243

By signing below I authorize the school listed above to release the requested records to Kingsway Christian School, including records for my child that are confidential in nature pertaining to their academic and/or behavioral record.

Parent/Guardian Printed Name

Date

Parent/Guardian Signature

Date