



## Request for Student Records

Date: \_\_\_\_\_

### STUDENT INFORMATION

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

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### PRIOR SCHOOL INFORMATION

Name of school: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

The above student(s) have enrolled at Faith Christian School. Please send the following records:

- |                                   |   |
|-----------------------------------|---|
| Attendance Records                | Behavioral Records                        |
| Grades                            | Health Records (especially immunizations) |
| Transcript                        | Multidisciplinary Team Reports            |
| Individual Educational Plan (IEP) | Standardized Achievement Test Scores      |
| Psychological Evaluations         | Statement of Extracurricular Activities   |

#### SCHOOL OFFICIALS ONLY

Send student records to:

Faith Christian School  
PO Box 1230, W5525 Hwy 67  
Williams Bay, WI 53191

Thank you for your prompt attention to this request.

Jessica Viss  
Admissions Director