

Official Request for Student Records

Name of Student: _____ Entering Grade: _____
Last First Middle

Please circle name student prefers (first/middle) Sex: M F (circle)

Address of Student: _____
_____ City State Zip

Home Telephone Number: _____

Former School: _____
Address: _____
City State Zip

The above student has enrolled at Meadowview Christian School. Please forward his/her records.

Please include:

1. Health Records (immunizations, physical, etc.)
2. Birth Certificate
3. Copy of Social Security Card
4. Transcript and Standardized Test scores (up to date of withdrawal)
5. Grading Scale used in your school
6. Records and testing relating to special education or other services student may be receiving.

Parent/Guardian Signature _____ 1st Request
_____ 2nd Request
_____ 3rd Request

Address (if different from that of student)

Home Phone Work Phone Cell Phone

MEADOWVIEW CHRISTIAN SCHOOL
1512 OLD ORRVILLE ROAD
SELMA, ALABAMA 36701
VOICE: (334) 872-8448 FAX: (334) 872-8443