



### RECORDS REQUEST FORM

Dear Parent,

Please complete, sign and submit this form to the WSCS Admissions office. This will allow us to request a copy of your child's records from their previous school.

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Previous School: \_\_\_\_\_

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

Previous School: \_\_\_\_\_

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

I grant permission for a copy of my child's records to be sent to Winston Salem Christian School.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ATTENTION: RECORDS/TRANSCRIPT OFFICE

The above student has enrolled at Winston Salem Christian School. Please email or fax copies of the following documents:

- Transcripts
- Report Cards
- Standardized Test Scores
- Medical/Immunization Records
- IEP/504
- Behavioral or Academic Disciplinary Documents

Thank You,  
Winston Salem Christian School

\_\_\_\_\_  
1st Attempt

\_\_\_\_\_  
2nd Attempt

\_\_\_\_\_  
3rd Attempt