



Christian Fellowship Academy

A ministry to inform & encourage Christian families to educate children from a Christian worldview and for fellowship with like minded families.

Request for School Records

Name of School Attended: _____

School Address: _____

City _____ Zip _____ County _____

I am writing to request a copy of school records for the below-named students. Please send all school records for the following student(s) currently enrolled in Christian Fellowship Academy. We need all cumulative records, testing, and any other information that we can use to assess the student's ability and grade placement. Please include any other information that will verify subject content and proof of educational goals being met for grades given.

FULL NAME

GRADE

| FULL NAME | GRADE |
|-----------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Please send records to:

Name of Parent/Guardian: _____

Address: _____

Phone Number: _____

Please advise me of any postage or copying fees. I would appreciate your response to the request for records in ten business days.

Parent/Guardian Signature

Date