

Request for Student Records



Parents: Please complete and return this form to Grace Christian School. Do not mail, fax or hand carry this request to the previous school.

School: The parents/legal guardians of the student named below request that their child's complete official transcripts, health records, cumulative folder, test date, behavioral evaluations, behavioral reports, and any other pertinent records be forwarded to Grace Christian School at address below.

Thank you for your prompt response

Student's Name - First _____ Last _____ M.I. _____

Student's Date of Birth _____

Name of School Last Attended _____	Grade _____
Important: School Address _____	
City _____	State _____ Zip Code _____
School Phone Number (_____) _____	
School Fax Number (_____) _____	

Signature – Father/Legal Guardian _____ Date _____

Signature – Mother/Legal Guardian _____ Date _____

Please forward complete records to:

Grace Christian School
Attn: Randa Waller
36068 Hidden Springs Rd, Suite C #1003
Wildomar CA 92595

Questions: 951-226-4647