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ACADEMIC RECORDS REQUEST

Parent / Guardian of Applicant:

Complete the upper portion of this form and return with your student's Application for Admission.

Student Name: _____

Present Grade or Last Grade Completed (*circle one*): _____ Date of Birth: ____ / ____ / ____
Month Day Year

School now attending or last attended: _____

Complete School Address

City _____ State _____ Zip _____

School Phone _____ School FAX _____

Under Public Law 93-380, amended in Section 99.34, PI 93-969, no parent signature is required for educational records sent to another educational agency.

This portion to be completed by Life Christian Academy Office of Admissions and sent to the school listed above.

Application for admission has been received for the _____ school year. To assist in evaluating this student's application, please send **copies only** of unofficial transcript (HS only), grade reports (Gr. K-8), immunization, standardized test scores, discipline, attendance, and special needs. This student is in the application process **only** and has not been accepted for admission at this time.

Date Requested: _____
Norma Rouleau, Registrar

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This student has been accepted for admission and will be enrolled for the _____ school year. This student's first day of attendance will be _____. Please send the permanent cumulative records at your earliest convenience.

RC W28A 225.330 If the student has not paid a fine or fee under RCW 28A.635.060 (tuition, fees or fines), the school may withhold the student's official transcript but shall transmit information about the student's academic performance, special placement, immunization records, records of disciplinary action, and history of violent behavior or behavior listed in RCW 13.04.155.

Date Requested: _____
Norma Rouleau, Registrar

Thank you for your assistance. Please return this original form, or a copy of it, along with the documents requested.

Office of Registrar * Life Christian Academy
1717 So Union Ave * Tacoma, Washington 98405
(253) 756-2468 * Fax: (253) 879-9706