



REQUEST FOR CUMMULATIVE RECORDS

TO: _____
Previous School

Street address

City State Zip Code

RE: _____
Last Name First Middle DOB GRADE

The above student enrolled is enrolled in our school and we request that you forward to us all school records, which may include:

Health Records	Report Cards	Date of entry/withdrawal
Birth Certificate	Social Security #	Psychological Reports
Immunizations	Grades to date	Standardized Test Scores
Attendance Records	Previous School	Discipline Records (Detentions, etc.)

(Parent's Signature for Release)

Please forward all requested records to:

Willott Road Christian Academy
1610 Willott Road
St. Peters, MO 63376
Attn. Beth Sweeney

Phone # (636) 926-3595 Fax # (636) 447-8577