

EXCEL

Christian Academy

*"Train up a child in the way he should go, and when he is old
He will not depart from it" Proverbs 22:6*

REQUEST FOR TRANSFER OF STUDENT RECORDS

School Name: _____ FAX Number: _____

The following student(s) has applied for admission to Excel Christian Academy:

| | | |
|------------|-------------|-----------|
| Name _____ | Grade _____ | DOB _____ |
| Name _____ | Grade _____ | DOB _____ |
| Name _____ | Grade _____ | DOB _____ |

Thank you for promptly sending the following information to our Guidance Counselor:

- 1. A transcript of the student's record to date, including grades for courses in progress.**
- 2. A copy of the student's test profile**
- 3. All health records (immunization, vision, hearing, etc.)**
- 4. Copy of all psychological reports**
- 5. Copy of Special Education Placement forms**
- 6. Copy of birth certificate and social security card**
- 7. Attendance Records**
- 8. Discipline Records.**

Please FAX records to: **(770) 606-9884**

Please mail records to: **EXCEL CHRISTIAN ACADEMY
325 OLD MILL ROAD
CARTERSVILLE, GA 30120
770-382-9488**

Parent Signature _____ Date _____

School Official _____ Date _____

Please Note: Federal Law 99.31 specifies that no parental signature is required for educational records to be released to another educational agency.