



WEST SHORE CHRISTIAN ACADEMY

201 West Main Street
Shiremanstown, PA 17011
717.737.3550 (phone)
717.761.3977 (fax)
www.westshorechristian.org

REQUEST FOR TRANSFER OF STUDENT RECORDS (Incoming)

I, _____, the parent/guardian of
(Print name of Parent/Guardian)

_____, entering grade _____,
(Print name of student)

Whose date of birth is _____, grant my consent for:
(Student's date of birth)

(Former school name)

(Former school address)

(Former school phone number)

to release information about the student listed above who has registered to attend West Shore Christian Academy.

(Parent/Guardian Signature)

(Date)

Section below for office use only:

The information released should include educational, disciplinary, medical, psychological, psychiatric, and social data which may prove helpful in the educational planning and understanding of this student.

This student has **applied** for enrollment. **Please forward a copy of student records** as soon as possible.

This student has been **accepted** for enrollment. **Please mail all original student records** as soon as possible.

For disciplinary records, please check the appropriate line:

Certified disciplinary record enclosed or Student has no disciplinary record

The signature of the following individual certifies the disciplinary records are the true and accurate discipline records of the student.

School Official

Position

Date