

NORTHSIDE CHRISTIAN SCHOOL

RECORDS REQUEST

Student Name _____ Most recent grade _____
Previous School _____
Previous School Address _____
Previous School Phone _____
Previous School Fax _____

I hereby authorize the above mentioned school to release all records and information concerning my child to Northside Christian School.

Parent Signature _____ Date _____

Records Clerk:

The above named student has recently enrolled at Northside Christian School. Please forward the documents listed below:

- Date of birth
- Date of entrance into your school
- Date of withdrawal
- Completed grades to date of leaving (including failures)
- Amount of credit earned in each subject
- Key to your grading system
- Intelligence and achievement test scores
- Health and immunization records

If the student left before the close of a grading period, please list the subjects he/she was taking, and the grades for the grading period to date of withdrawal.

Thank you,
Records Clerk

Please forward documents to:

Northside Christian School
2655 W. Schrock Road
Westerville, Ohio 43081
Phone: (614) 882-1493
Fax: (614) 882-5011