

Transfer Request for Student Records

Full Legal Name of Student

Date of Birth

Social Security Number

Grade

Previous School Attended

Previous School Address

School Phone

School Fax

I give permission to release all school records: including medical records, achievement testing scores, special education forms, psychological evaluations, disciplinary records, and a complete copy of the cumulative folder.

Parent or Guardian Signature

Date

Note to Previous school attended:

Is student currently under suspension or expulsion:
(If yes, provide documentation)

No

Yes

Mail To:

Declaration Christian Academy, 1823 Lori Lee Dr, Gallatin, TN 37066