Mountain Christian Academy

Request for Records

To:_____ Regarding _____

_____ _____

_____ _____

_____ _____

Please send a copy of the school records for the above-named student who is being considered for enrollment at Mountain Christian Academy. Please include all the following that you have on file:

- Academic transcript
- Results of standardized achievement test
- Results of intelligence tests
- Results of psychological and learning abilities and diagnoses
- Immunization form
- Explanation of grading scale
- Other pertinent information

Thank you for your cooperation.

(Continue on next page)

Parental Permission for Records

I give my permission for you to send the records requested above to:

Mountain Christian Academy
P.O. Box 784
Signal Mountain, Tennessee 37377

Office@mountainchristianacademy.org

Parent/Guardian: Date: