



SALVATION CHRISTIAN ACADEMY
STUDENT RECORD RELEASE FORM
FOR NEW STUDENTS ONLY

RELEASING SCHOOL:

School Name: _____ Phone: _____
Address: _____ Fax: _____
City: _____ State: _____ Zip: _____

TO REGISTRAR:

STUDENT'S FULL NAME	CURRENT GRADE	GRADE APPLYING FOR

The student(s) applied for admission to Summit Christian Academy. In order for the admissions application(s) to be complete, the following materials are requested:

1. Student(s) transcripts, including the current and previous year's grades.
2. Standardized testing results and any evaluations.
3. Health records, including immunization report.
4. All specialized program reports and/or records.

Thank you in advance for your assistance in allowing us to make optimal admissions and placement decisions.

Signature of Parent or Guardian *Date* *Signature of Receiving Principal*

ACCEPTING SCHOOL:

.....
Salvation Christian Academy

10622 8th St E, Edgewood, WA 98372 Phone: 253-952-7163
www.scaedgewood.org Fax: 253-952-7164