

Request for Student Records

Request Date

This student has enrolled in Lighthouse Christian School

Student Name: _____

Date of Birth: _____ Grade: _____

Name of School: _____ FAX: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Please send the following records:

- ✓ Cumulative folder
- ✓ Official transcript of grades
- ✓ Enrollment and withdrawal dates
- ✓ Immunization and health records (HRS 680/3040) originals
- ✓ Standardized test scores
- ✓ Current withdrawal grades
- ✓ Copy of current report card
- ✓ Psychological records

Parental permission is no longer required when authorized school personnel requests records. (Federal law 99.21)

Thank you for your prompt attention to this request.

Lilian M. Holder
Administrative Coordinator