



SUMMIT CHRISTIAN ACADEMY
STUDENT RECORD RELEASE FORM
(only for new students)

RELEASING SCHOOL:

School Name: _____ Phone _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

TO REGISTRAR:

STUDENT'S FULL NAME: _____ CURRENT GRADE: _____ GRADE APPLYING FOR: _____

STUDENT'S FULL NAME: _____ CURRENT GRADE: _____ GRADE APPLYING FOR: _____

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) report cards for grades 1-8 and transcripts for grades 9-12.
- 2) Standardized testing results and any evaluations.
- 3) Attendance and discipline records.
- 4) Health records, including immunization/exemption records.
- 5) All specialized program records, if applicable.

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

Signature of Parent or Guardian

Date (MM/DD/YR)

Signature of Receiving Principal

ACCEPTING SCHOOL
Summit Christian Academy
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Spokane, WA 99202
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www.ncek12.com