



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) 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 Administrator

ACCEPTING SCHOOL
Summit Christian Academy
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Spokane, WA 99202
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Fax: 509-232-5786
www.ncek12.com