



SPRING MOUNTAIN 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 Spring Mountain 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

Spring Mountain Christian Academy

12152 SE Mather Rd.

Clackamas, OR 97015

Phone: 503-454-0319

Fax: 866-286-0473

Email: springmountain@ncek12.com

www.smcak12.com