



**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**  
**8913 N. Nettleton Lane**  
**Spokane, WA 99208**  
**Phone: 888-924-4618 x 202**  
**Fax: 509-232-5786**  
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