



**BETHANY CHRISTIAN ACADEMY - NCE**  
**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 BETHANY CHRISTIAN ACADEMY-NCE. 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 Principal*

**ACCEPTING SCHOOL**  
**Bethany Christian Academy**  
**2603 Brookdale Drive**  
**Brooklyn Park, MN 55444**  
**Phone: 763-717-8928**  
**Email: [bethanyacademy@ncek12.com](mailto:bethanyacademy@ncek12.com)**  
**[www.ncek12.com](http://www.ncek12.com)**