



**SALVATION 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 Principal*

**ACCEPTING SCHOOL**  
**Salvation Christian Academy**

**10622 8<sup>th</sup> St E**

**Edgewood, WA 98372**

**Phone: 253-952-7163**

**Fax: 253-952-7164**

**[www.scaedgewood.org](http://www.scaedgewood.org)**