



Student Records Release

RELEASING SCHOOL:

School Name: _____ Phone _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

TO REGISTRAR:

STUDENT'S FULL NAME: _____ CURRENT GRADE: _____ APPLYING FOR GRADE: _____

STUDENT'S FULL NAME: _____ CURRENT GRADE: _____ APPLYING FOR GRADE: _____

STUDENT'S FULL NAME: _____ CURRENT GRADE: _____ APPLYING FOR GRADE: _____

The student(s) applied for admission to Tacoma 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

Receiving Administrator

ACCEPTING SCHOOL

Tacoma Christian Academy

2014 S 15th Street

Tacoma, WA 98405

Phone: 253-572-1742

Fax: 253-272-3413

E-mail: admissions@tcak12.com