



STUDENT RECORDS REQUEST

Date _____ School Student Last Attended _____

School's Mailing Address _____

City _____ State _____ Zip Code _____

School's Phone Number _____ Fax Number _____

Student's Full Legal Name _____

Date of Birth _____ Grade Level At Time Of Withdrawal _____

Parent or Guardian's Signature _____ Date _____

PLEASE SEND US A COMPLETE TRANSCRIPT AND THE REQUESTED RECORDS BELOW:

- Transcript of grades and/or withdrawal (last 2 years)
- Standardized Achievement Test Scores
- Discipline Records [pursuant to 70 O.S. 24-101.4]
- Health and Immunization Records
- Gifted Records
- Special Education Records/Current IEP

Send Records to:

**Grace Christian School
Attention: Registrar
9610 S. Garnett Rd.
Broken Arrow, OK 74012
Phone: (918) 249-9100
Fax: (918) 317-5158**

GCS OFFICE USE ONLY

Date Request Received _____

Date Request Mailed/Faxed _____

Date Records Received _____