

NOTE TO PARENT/GUARDIAN: Please complete, sign, and return this form with the New Student Application packet.

COVENANT CHRISTIAN SCHOOL

4503 IH 45 North

Conroe, Texas 77304

936.890.8080 / Fax 936.890.5343

www.CovenantOnline.com

Request for Student Records / Release of Information

Name of Previous School: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone Number: _____ Fax Number: _____

_____ has applied for admission to Covenant Christian School for
Name of Student

the _____ school year.

_____ *Current Grade*

_____ *Date of Birth*

Please send a complete transcript and report cards for the work done at your school (and any previous school) to the attention of the Records Clerk at the address indicated above **as soon as possible**.

The following information should be included (if applicable):

- 1) Date of entrance and date of withdrawal
- 2) Key to your grading system
- 3) Intelligence and achievement test records
- 4) Birth certificate
- 5) Health / immunization records
- 6) Discipline / student behavior records
- 7) Partial grades if the above student withdrew before completing the grading period.

Sandra Holub

Name of Records Clerk

Signature of Records Clerk

Date

I hereby authorize the release of all school records pertaining to the above named student.

Signature of Parent or Legal Guardian

Date