

Lighthouse Baptist Church
Zion Christian School
1828 Hebron Ave.
Zion, IL 60099
Phone (847) 872-4088 Fax (857) 872-3028

REQUEST FOR INFORMATION OF TRANSFERRING STUDENTS

NAME OF SCHOOL ATTENDED

ADDRESS _____ CITY _____ STATE _____
ZIP _____

_____ enrolled in our school on _____
(Student Name) (Date)

We would appreciate receiving a transcript of credits (if applicable), grades earned to date, physical and dental examination that will aid us in planning an appropriate educational program for this student.

I hereby authorize the release of school records on the above named student and request the information be forwarded to the indicated receiving school.

(Signature of Parent)

(Date)