



FULL GOSPEL CHRISTIAN SCHOOL

A Ministry of the Full Gospel Church



110 Union St ♦ Westfield ♦ MA ♦ 01085

REQUEST FOR STUDENT RECORDS

Date of Request _____

This form is provided by the *Full Gospel Christian School* for the purpose of obtaining student school records for:

Student Name _____ Date of Birth _____ Grade _____

Former School _____

Street Address _____

City, State, & Zip Code _____

Phone Number _____ Fax Number _____

Please forward the following documents:

- Copy of birth certificate
- Immunization records
- Medical evaluation/health records
- Official transcript – please fax unofficial and mail official
- Report cards
- Current withdrawal grades
- Standardized test scores (MCAS results and SASID number, if transferring from MA school)
- ACCESS or WIDA (if applicable, for English Language Learners)
- Discipline records
- Suspension and/or expulsion records must be provided (if none, a letter indicating no disciplinary history)
- Attendance records
- Individual Education Plan (IEP), 504 Plan, Evaluation(s) (if applicable)

I authorize *Full Gospel Christian School* to obtain the records from the previous school.

Parent/Guardian signature: _____ Date: _____