



**Family Christian Academy**  
**11625 E. 15<sup>th</sup> St. S., Independence, MO 64052**  
**Phone: (816) 836-1075 / Fax: (816) 833-7745**

**STUDENT RECORDS REQUEST**

Student:

Date of Birth:

Conditional Enrollment Date:

School where records are located:

Address:

City:

St / Zip:

The above student is not officially enrolled in Family Christian Academy until a review of their academic, behavior, discipline, attendance and health records are complete.

Please mail the following information to our Administrative Office:

- Cumulative Records – grades, standardized test scores, and attendance records
- Health Data – including immunization records
- Behavior Records – including all discipline records
- Special Needs Information – IEP, etc.

**PLEASE SEND RECORDS TO:**

Please Fax records to: **816-833-7745**                      &                      Send Original Records to: **Family Christian Academy**  
**11625 E. 15<sup>th</sup> St. S.**  
**Independence, MO 64052**

**Parent/Guardian authorization to release:**

I hereby authorize the above named school to release to Family Christian Academy the requested information, which is for academic assessment and will be used in a confidential manner.

<b>Parent/Guardian Signature</b>	<b>Relationship to Student</b>	<b>Date</b>