



Student Records Request Form

REQUESTING RECORDS FROM:

School Name: _____

School Address: _____

School Phone: _____ School Email: _____

STUDENT INFORMATION:

Student Last Name: _____

Students First Name: _____

Student's Date of Birth _____ Student ID (if applicable) _____

RECORDS REQUESTED:

Please send all applicable records including:

- Academic records
- Behavioral records
- Special Education (IEP or SP) Documents
- ELL Folder
- Other: _____

PLEASE SEND RECORDS TO:

Valor Classical Christian Academy
Attention: Admissions Office
P.O. Box 323
Neenah, WI 54957

Email: info@valorclassical.org
Phone: (206) 284-8528

*Electronic records sent via email are appreciated whenever possible.

Parent/Guardian Signature

Date

Parent/Guardian Name (Please Print)