



# REQUEST FOR RECORDS

## College Preparatory & Preschool

Dear Parent/Guardian:

If you would like to request a copy of school records, please read and complete the following information and allow **3-5 business days for processing**.

### RECORDS REQUEST FEE:

Effective January 1, 2010, FCA will implement a \$5.00 charge for all record requests. This fee will apply to all current and previous FCA families and must be paid at the time the request is made. Requests must be submitted in person, mailed, or faxed. Your request will not be fulfilled if payment has not been received. In addition, all fees, fines and/or account balances owed to FCA, must be paid in full before your request will be fulfilled. This fee does not apply to tuition statement request. Families with a student graduating from the 8<sup>th</sup> grade will receive **one** complimentary copy of records per child through June 30<sup>th</sup> of the graduating year.

Thank you,

Office of Enrollment

(PLEASE PRINT CLEARLY)

Requestor's Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_ Current FCA Teacher: \_\_\_\_\_

Current School:  FCA  Other (please provide information)

School's Name: \_\_\_\_\_

School's Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

(OVER PLEASE)



**Fellowship  
Christian  
Academy**

**College Preparatory & Preschool**

# REQUEST FOR RECORDS

**I am requesting the following:**

- Cumulative Records (*Grades & Test Scores only*)     
  Birth Certificate     
  Immunization Record  
 I will pick up     
  Please mail (*stamped addressed envelope must be provided*)

**Reason for Request (check all that apply):**

- Scholarship Purposes  
 Transferring to New School     
  *current school year*     
  *next school year*  
 Is the New School:  
  Private     
  Public     
  Charter     
  Other: \_\_\_\_\_  
 Name of New School: \_\_\_\_\_  
 Change of Residence(*please explain*): \_\_\_\_\_  
 \_\_\_\_\_  
 Other (*please explain*): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

**OFFICE USE ONLY:**

- |                           |  |  |
|---------------------------|--|--|
| <b>CLEARED FINANCE:</b>   | <input type="checkbox"/> YES <input type="checkbox"/> NO | <b>IF NO, REASON:</b> _____              |
|                           |  | <b>BY WHOM:</b> _____ <b>DATE:</b> _____ |
| <b>CLEARED LIBRARY:</b>   | <input type="checkbox"/> YES <input type="checkbox"/> NO | <b>IF NO, REASON:</b> _____              |
|                           |  | <b>BY WHOM:</b> _____ <b>DATE:</b> _____ |
| <b>CLEARED CAFETERIA:</b> | <input type="checkbox"/> YES <input type="checkbox"/> NO | <b>IF NO, REASON:</b> _____              |
|                           |  | <b>BY WHOM:</b> _____ <b>DATE:</b> _____ |

**ENROLLMENT OFFICE:**

- DATE RECEIVED:** \_\_\_\_\_ **BY WHOM:** \_\_\_\_\_  
**DATE COMPLETED:** \_\_\_\_\_ **BY WHOM:** \_\_\_\_\_