



Request for School Records

To: _____ Date: _____

School Name: _____

School Address: _____

City/State/Zip: _____

Fax: _____ Phone: _____

This student is applying to New Hope Christian Academy. Please email, fax, or mail records for the following student to:

New Hope Christian Academy | Attn: Admissions

Email - admissions@newhopememphis.org | Fax - (901) 353-4339

Address - 3000 University St, Memphis, TN 38127

This information is needed to provide the best possible educational program for the student and should include, but may not be limited to the following items below.

Student Name: _____ **Date of Birth:** _____

- | | |
|---|---|
| ✓ Enrollment Date | ✓ Report Card(s) |
| ✓ Academic Grades | ✓ Vision and/or Hearing Screenings |
| ✓ Attendance Records (Days Present/Absent) | ✓ IEP (gifted services, occupational therapy, speech/language, etc.) |
| ✓ Standardized Test Results | ✓ Other: _____ |

I give permission to release my child's records to New Hope Christian Academy.

Parent/Guardian Name - Printed

Parent/Guardian Name - Signature

Date