

WESTLAKE CHRISTIAN ACADEMY

275 South Lake St. Grayslake, IL 60030 847-548-6209

RECORDS REQUEST FORM



Dear Principal or Registrar,

Student's name _____

Birthdate _____

Entering Grade _____

Social Security # _____

has recently applied to Westlake Christian Academy. We are requesting that you send us copies of all their pertinent schools records, including:

- transcripts**
- report cards**
- Teacher Recommendations**
- standardized testing**
- discipline reports**
- medical reports**
- physical/immunization records**
- psychological testing**
- any special education/special needs reports**
- birth certificate**

Thank you for your assistance.

Sincerely,

Jefrey D. Wilcox
Principal

Please release ALL records for my child to Westlake Christian Academy.

These records are to be sent from the following school:

School name _____

Address _____

Phone # _____

Parent/Guardian Signature _____ Date _____