

REQUEST FOR STUDENT RECORDS

_____ has enrolled in South Pointe Christian School, and in compliance with the regulations governing the transfer of school records, we hereby request the release and transfer of his/her school records complete and in full. Please forward his/her records to us as soon as possible.

Please include:

_____ Academic	_____ Immunization
_____ Attendance	_____ Social Security #
_____ Achievement Testing	_____ Birth Certificate
_____ Discipline	

Student's full name _____ Grade _____

Date of Birth _____ Date of request _____

Parent or Guardian's signature _____

School _____

Address _____

Phone # _____

FAX # _____

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