

COPY OF RECORDS REQUEST

I hereby request a copy of all records (including educational, attendance, discipline, test, psychological, psychiatric, health, and miscellaneous) and any present quarter grades and grades-to-date not already listed in the records pertaining to the student named below as part of Admissions *consideration* at Mekeel Christian Academy:

Student		Date of Birth	Grade
Address		City	Zip Code
FROM:_	chool Name		
Ac	ddress		
Ci	ty	State	Zip
то:	ATTN: Admissions Director Mekeel Christian Academy 36-38 Sacandaga Rd. Scotia, NY 12302		
(initial) serv	eby authorize the transfer of all records rices, OT, PT, or AIS, pertaining to my on ville Central Schools for review.		
Parent Sign	pature	Date	

Admissions Director

MEKEEL CHRISTIAN ACADEMY
36-38 Sacandaga Rd. Scotia, NY 12302
(518) 370-4272
(518) 370-4778 fax

admissions@mekeel.org