



Anchorage Christian Schools

Preschool • Elementary • Junior High • Senior High • Learning Center

STUDENT RECORDS REQUEST

TO: REGISTRAR

SCHOOL NAME _____

SCHOOL ADDRESS _____

COUNSELOR'S NAME _____

PHONE _____

FAX _____

NAME OF STUDENT

BIRTHDATE

GRADE ENTERING

LAST ATTENDED YOUR
SCHOOL _____

AUTHORIZATION FOR RELEASE OF INFORMATION

PLEASE SIGN TO RELEASE INFORMATION:

I HEREBY GIVE PERMISSION FOR ANCHORAGE CHRISTIAN SCHOOLS TO CONTACT MY CHILD'S SCHOOL TO RECEIVE THE FOLLOWING RECORDS AND VERBAL INFORMATION FOR ADMISSIONS PURPOSES, GUIDANCE AND EDUCATIONAL PLANNING.:

*GRADES & TRANSCRIPTS

*EDUCATIONAL TESTING

*SCHOOL HEALTH RECORDS

*SPECIAL EDUCATION RECORDS

*PSYCHOLOGICAL TESTING

* ATTENDANCE HISTORY

*DISCIPLINARY HISTORY INCLUDING PROBLEMS RELATING TO DRUGS, ALCOHOL, WEAPONS,
FIGHTING AND TRUANCY

SIGNATURE OF PARENT _____ DATE: _____

6401 East Northern Lights Blvd., Anchorage, Alaska 99504

Phone: 907.337.9575 • Fax: 907.269.3859

Web Address: www.acsedu.org • email: info@acsedu.org