



Student Record Request

I am requesting a complete school transcript on behalf of my child:

_____ Date of Birth: _____

be sent to:

Previous School

Northeast Christian Academy
9901 McCombs
El Paso, Texas 79924
Or faxed to 915-755-8264

Please include the following items:

1. Date of entrance and date of withdrawal
2. Copies of Report Cards
3. Key to your grading system
4. Intelligence and achievement test records
5. Health/Immunization Records/Vision & Hearing
6. Partial grades if the above student withdrew before completing the semester or quarter

Parent/Guardian Signature

Date

Print Name

Street Address

City, State, Zip Code