



# Request for Records

Records requested by:

Date: \_\_\_\_\_

Oakwood Christian Academy  
Attention: *Laura Hulseley, Admissions Director*  
113 Oakwood Street, Chickamauga, GA 30707  
(706) 375-7247, Fax (706) 375-5216

Records requested from:

School: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

*Please forward complete records on the following student(s) enrolled in this school.*

Name	Grade
_____	_____
_____	_____

*Please include:*

1. Transcripts and Current Grades, Achievement and Aptitudes Scores
2. Pertinent Health and Immunization Information, Birth Certificate, Social Security Card copy
3. Intellectual, Psychological, and other Social and Emotional Developmental Reports
4. Special Education Records, Gifted Records
5. Date of Withdrawal from previous school \_\_\_\_\_

Signature of parent or guardian

Signature of parent or guardian

**\* Enrollment is conditional pending all enrollment screening results and the release of all previous records.**

