



BETHEL
CHRISTIAN ACADEMY

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1936 Banks School Road
Kinston, NC 28504

REQUEST FOR STUDENT RECORDS

Date: _____

To: _____

The following student(s) has enrolled in Bethel Christian Academy. Please forward (by mail or fax), the student's cumulative record, test data, health records (including Birth Certificate), IEP/Diagnostic information (if applicable) and any other information that you have which would aid in the child's educational program. Your prompt reply and attention will be greatly appreciated.

_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
Student's Name(s)	Birth Date	Grade to enter

Signature of Parent/Guardian

1st request _____ (date)

2nd request _____ (date)