



BETHEL
CHRISTIAN ACADEMY

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1936 Banks School Road
Kinston, NC 28504

REQUEST FOR STUDENT RECORDS

To: _____

The following student(s) has enrolled in Bethel Christian Academy. Please forward (by mail or fax), the following information and any additional information that would assist in the child(s) educational program.

1. Report Card and/or Progress Report
2. Test Data
3. Immunization, Health Record, and Birth Certificate
4. IEP/Diagnostic Information (if applicable)
5. Attendance
6. Academic and Discipline Record
7. Information from other school attended

Your prompt reply and attention will be greatly appreciated.

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

Signature of Parent/Guardian

1st request _____ (date)
2nd request _____ (date)