FOUNDERS
CHRISTIAN SCHOOL

Transfer of Records Request

Parent, Please Note: Complete and return this form to Founders Christian School. Do not send it to the previous school. We will send it once your student is enrolled at FCS.

Name of Student_____ Grade_____ in 20_____

DOB_____ Previous School_____

Previous School Address_____

City/St/Zip _____ Phone_____ Fax _____

Please send all records, including:

_____ Attendance records

_____ Latest Report Card and Transcripts & Credits, if applicable

_____ Standardized test scores

_____ Health and immunization records

_____ Special education records, if applicable

_____ Counseling, therapy, or other pertinent records

If a student withdrew before the end of the semester, please include grades earned to date of withdrawal. A statement of your grading system would be appreciated.

Please send records to:

Founders Christian School
Attention: Records
24724 Aldine Westfield Road
Spring, Texas 77373
Phone: (281) 602-8006 Fax: (832) 403-2420
Email: angie.chandler@founderschristian.org

_____ _____
Parent/Guardian Signature Phone

_____ _____
Signature of Requesting School Official / Position Date

This release is in accordance with the provisions of the Family Education Rights and Privacy Act of 1974.