

Imlay City Christian School
7197 East Imlay City Road
Imlay City, MI 48444
Ph: 810-724-5695 Fax: 810-724-5355
icchristianschool@yahoo.com iccschool.net

REQUEST FOR STUDENT RECORDS

DATE: _____

TO: _____

The following student(s) has enrolled in our school:

(Name)	(Birthdate)	(Grade)
(Name)	(Birthdate)	(Grade)

Please send cumulative records, health records, transcripts and all test results to:

Imlay City Christian School
7197 E. Imlay City Rd
Imlay City MI 48444

Principal's Signature

I hereby authorize the release of all requested records, test results and information concerning my child to the Imlay City Christian School.

Parent Signature