



BRYN ATHYN CHURCH SCHOOL

600 Tomlinson Road, Box 277
Bryn Athyn, PA 19009
215-947-4086. Fax: 215-938-1871

Request for Student Records

Address of School Student is attending

Date: _____

The student indicated below has applied for enrollment to the Bryn Athyn Church School

Full Name _____ Birth-date _____

Date entered current school _____ Current Grade/Homeroom _____

Please send the following records:

- | | |
|-----------------------------|---|
| ✓ Scholastic Records | ✓ Health Records |
| ✓ Standardized Test Results | ✓ Dental Records |
| ✓ Confidential Records | ✓ Attendance and Disciplinary Records |
| ✓ Immunization Records | ✓ Education Testing and most recent IEP or 504 Plan |

As the Parent/Guardian of _____, I authorize the above records to be sent to **Bryn Athyn Church School, PO Box 277, Bryn Athyn, PA 19009**

I grant permission for the Bryn Athyn Church School staff to communicate with my child's current school as needed regarding information in the school records.

Signature of Parent/Guardian