



BRYN ATHYN CHURCH SCHOOL

600 Tomlinson Road, Box 277
Bryn Athyn, PA 19009

Request for Student Records

PARENTS: Please fill this request form out, sign it, and send it to your child's current school

Address of School that the student currently attends:

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:

- | | |
|--|--|
| <input type="checkbox"/> Scholastic Records | <input type="checkbox"/> Medical Records |
| <input type="checkbox"/> Standardized Test Results | <input type="checkbox"/> Dental Records |
| <input type="checkbox"/> Confidential Records | <input type="checkbox"/> Attendance and Disciplinary Records |
| <input type="checkbox"/> Immunization Records | <input type="checkbox"/> Educational Testing and Most Recent IEP |

As the Parent/Guardian of (child's name) _____, I authorize the above records to be sent to the Bryn Athyn Church School.

Email: Joanne.Hamilton@bacs.org
Phone: 215-239-5153
Mail: 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.

Printed name of Parent/Guardian _____

Signature of Parent/Guardian _____