



Request for Transfer of Student Records

_____ has been accepted at Golden Hills Christian School.

Current Grade Level _____ Date of Birth _____

School Last Attended _____

School Address _____

City/State/Zip _____

Parent Signature

Date

New Federal Law 99.31: No parent signature is required for educational records sent to another educational agency. We request this out of courtesy to the parents.

Please forward:

- _____ Cumulative Records
- _____ Transcript of Grades
- _____ Standardized Test Results
- _____ Health/immunization Records
- _____ Withdrawal grades/Date of withdrawal

**TO: Golden Hills Christian School
2401 Shady Willow Lane
Brentwood, CA 94513
(925) 634-0493**

Thank you for your prompt assistance
in this important matter.