



Request for Records

Student and School Information

Student Name _____ Current Grade _____

Current School _____

Current School Street Address _____

City _____ State _____ Zip _____

I give permission for the release of the above student's academic records, health records, test scores, behavioral records and psychological records to Lansing Christian School.

Parent/Guardian Signature _____	Print Parent/Guardian Name _____	Date _____
---------------------------------	----------------------------------	------------

Parent/Guardian Signature _____	Print Parent/Guardian Name _____	Date _____
---------------------------------	----------------------------------	------------

Record Request

This is to certify that the above applicant has applied for admission for the _____ school year to Lansing Christian School at 3405 Belle Chase Way, Lansing MI 48911.

Please send copies of all school records including academic records, standardized test scores, health records, behavioral records, and psychological records to the address indicated above. Thank you for your cooperation.

_____ LCS Administrator	_____ Date
----------------------------	---------------

Request Verification

Are all financial obligations of the above applicant current? Yes No

Date Records were sent: _____ Registrar Telephone: _____

_____ Registrar Signature	_____ Date
------------------------------	---------------

Lansing Christian School
3405 Belle Chase Way, Lansing MI 48911
Main Office Phone: (517) 882-5779 Fax: (517) 882-5849
www.lansingchristianschool.org