

Holden Christian Academy

Love God . . . love kids . . . love learning!

Request Form

Student Records

Parents are to send this form to the child's former school not HCA.

Dear Administrator:

The children, whose names are listed below, are applying to Holden Christian Academy. Please release their academic and health records, and send them to our admissions office at the address listed below or give them to the child's parents/legal guardians to hand deliver. Thank you for your immediate attention.

<i>Student's Name(s)</i>	<i>Age</i>	<i>Grade level at time of request</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Parent/Legal Guardian