



REQUEST FOR OFFICIAL TRANSCRIPT

Student Name: _____ Date of Birth: _____ Current Grade: _____

Address: _____

Phone: _____

Email: _____

TO: _____

School phone: _____

Name of School

Address

I hereby authorize you to release all information requested regarding my child's academic and/or personal records for use with application for his/her admission to Prince of Peace Christian School.

Parent/Guardian Signature

Date

The transcript should include the following:

- Current report card/grade report
- Immunization records
- Attendance records
- Achievement test results
- Official transcript for grades 9-12
- Withdrawal form with grades (if applicable)
- Any documentation in which a doctor has diagnosed a learning difference or medical concern
- Any other information that may be pertinent to the educational needs of the student

Thank you for your response to this request.

PLEASE SEND REQUESTED RECORDS VIA U.S. MAIL, FAX, OR EMAIL TO:

**Prince of Peace Christian School
Tori Rush, Director of Admissions
4004 Midway Road
Carrollton, Texas 75007
Tori.rush@popcs.org
972-598-1102 FAX: 469-546-3740**