

1368 NC HWY 134 N, Troy, NC 27371

Phone: (910)572-2270 Fax:(910)572-2257

wescaresecretary@gmail.com

**Request for Student Records**

Please send (Fax, Email or mail) the following checked documents as soon as possible:

* Grades as of the date of withdrawal from your school
* Attendance Records
* Immunization records
* Gifted/Exceptional Children’s Records (Include DEC3)
* Discipline/Behavioral Records

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**Authorization to School**

Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Middle Last

Current Grade Level \_\_\_\_\_\_ Name of Last School attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I hereby authorize the release of all records concerning the above-named student to Wescare Christian Academy in Troy, North Carolina, to which the student has applied for admission.**

Parent(s)/Legal Guardian(s) Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_