

WESTLAKE CHRISTIAN ACADEMY

275 S. Lake Street, Grayslake, IL 60030
Phone: 847-548-6209 ext.0 fax: 847-548-6481
info@WestlakeChristian.org



REQUEST FOR STUDENT RECORDS

Dear Principal or Registrar,

Student's name	Birthdate	Entering Grade
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This student is applying for admission to Westlake Christian Academy. A copy of his/her student records is needed to complete the student application. Please send a copy of all his/her applicable schools records, to include all of the following:

- | | |
|--------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> transcript | <input type="checkbox"/> teacher recommendation/s |
| <input type="checkbox"/> report cards | <input type="checkbox"/> psychological testing |
| <input type="checkbox"/> standardized testing | <input type="checkbox"/> any special education/special needs reports |
| <input type="checkbox"/> discipline reports | <input type="checkbox"/> birth certificate |
| <input type="checkbox"/> medical reports | |
| <input type="checkbox"/> physical/immunization records | |

Thank you for your assistance in providing these school records.

Sincerely,

Dr. Michael Healan
Principal

Please provide copies of ALL student records for my child to Westlake Christian Academy. These records are to be sent from the following school:

School name	Phone
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Street Address	City	State / Zip
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Parent/Guardian Signature	Date
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