

**Eagle View Christian School**  
REQUEST FOR TRANSFER OF  
STUDENT'S EDUCATIONAL RECORDS

Date: \_\_\_\_\_

To: \_\_\_\_\_  
(Previous School)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City)                      (State)                      (Zip)

The following student(s) have been enrolled in our school. Please send all education records, including transcripts of credits, medical records, testing results, immunization records, and special education records pertaining to:

(Last Name)	(First Name)	(M.I.)	(Grade)	(Date of Birth)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Please send information to: Eagle View Christian School  
13036 Morris Road Southeast  
Yelm, WA 98597  
Phone: (360) 458-3090 Fax: (360)458-4990