

Request for School Records

Student's Name: _____

School Name: _____

School Address: _____

City: _____ **State:** _____ **Zip:** _____

Please send a copy of my child's school records including grades and test results for the current year and one year immediately preceding to:

Covenant Christian Academy
Admissions Department
83 Pine Street
West Peabody, MA 01960

Parent or Guardian Signature: _____

Date: _____

Please note: *This family is applying for admission to Covenant Christian Academy. This is not a request for the student's permanent record. It is the responsibility of the family to notify you of the student's matriculation at another school and at that time to request transfer of records.*