



Byron Center Christian School
8840 Byron Center Ave SW
Byron Center MI 49315
(616) 878-3347
(616) 878-0019
www.bccs.org

REQUEST FOR RECORDS

Date: _____

TO: (Previous School) _____

The student(s) listed below recently enrolled in our school. In order for us to accurately place these students, we ask that you forward their complete records to us.

Please include with these records all items listed below if they are available:

1. Psychological and/or diagnostic test results.
2. Social worker reports.
3. Special hearing and eye examinations.
4. Achievement test results.
5. All health records and doctor reports.
6. Copy of birth certificate.

Student name _____ Grade _____

Student name _____ Grade _____

Student name _____ Grade _____

Parental permission has been given for this request for records indicated by the parent's signature below.

Parent signature here

Please forward records to:

Byron Center Christian School
8840 Byron Center Ave
Byron Center, MI 49315

Thank you for your cooperation.
BCCS office staff