



TIMBERLAKE CHRISTIAN SCHOOLS RECORDS REQUEST

Please forward all records requested below for

Student Last Name _____ First _____ Middle _____

Date of Birth _____ Current Grade _____

Previous School Name _____

Previous School Address _____

School Phone Number _____ School Fax Number _____

- Transcript of Academic Record and Copy of Report Cards
- Standardized Testing Data
- Attendance Data
- Discipline Records
- Health and Immunization Records
- Special Education Reports/Records (psychological, educational, physical, sociocultural, speech, language, hearing, eligibility reports, IEP, etc.)
- Grades to Date of Withdrawal
- Other _____

- Permission granted to speak to school by phone

Please send the records listed above via mail, fax or email to:

**Timberlake Christian Schools
Attn: Student Services
202 Horizon Drive
Forest, VA 24551**

Fax: 434-239-3319 -OR- Email: bmears@tcs4u.org

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____ Date _____

OFFICE USE ONLY

Date faxed/mailed to school _____

Date records received _____