

Grace Christian School
8067 Atlee Rd
P.O. Box 215
Mechanicsville, VA 23111
804-730-7300
www.grace-school.net

Student Name: _____
Date of Birth: _____
Address: _____

Dear Registrar,

I, _____ (parent/guardian), give _____
(school providing transcript) permission to send a copy of my child's official transcript to Grace
Christian School. Please include the following:

- Health and immunization records
- Attendance records
- Previous grade
- Withdrawal grades
- Your grading scale
- Standardized test scores
- Psychological testing, if applicable
- Disciplinary Actions
- Current report card

Thank you,

(Parent/Guardian Signature)

(Date)

TRANSCRIPTS SHOULD BE MAILED OR FAXED TO

Grace Christian School
Attn: Jennifer Britton
P.O. Box 215
Mechanicsville, VA 23111
FAX: 804-442-7032