



LWCS Student Records Request Form

Updated: May 31, 2011

Life Way Christian School requests student records for the following:

_____	_____	_____
Name	Birthdate	Grade
_____	_____	_____
Name	Birthdate	Grade
_____	_____	_____
Name	Birthdate	Grade
_____	_____	_____
Name	Birthdate	Grade

Please send the complete transcript and include grades, birth certificate, social security, immunization record, standardized test results, psycho-educational test results (if applicable), health records and withdrawal date to:

Life Way Christian School
P.O. Box 220
Centerton, AR 72719

In His Service,

Dr. Luke Bowers
Administrator

Name and address of last school attended:

I hereby give my authorization to release my child's records/transcript to Life Way Christian School.

Parent/Guardian Signature

Date