



## **Request for School Records**

**Student:** \_\_\_\_\_

**To:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Please send a copy of my child's school records including test results and grade reports from last year as well as the most recent reports from the current year, to the following address:

Director of Admission  
Lexington Christian Academy  
48 Bartlett Avenue  
Lexington, MA 02420

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

To the Parent: This form is intended be given to your student's current school to request that grade reports and testing information to be sent to LCA. The school may request that you use a form which they provide.

To the Current School: This is not a request for the student's permanent record. The student is applying for admission to Lexington Christian Academy. 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.

**Lexington Christian Academy**

48 Bartlett Avenue, Lexington, Massachusetts 02420 phone: 781-862-7850 fax: 781-863-8503 [www.lca.edu](http://www.lca.edu)