

Dikaios Christian Academy

Mailing Address: P.O. Box 9067 San Bernardino, CA 92427
Phone: (909) 881-8310 - Fax: (909) 881-8315

RECORDS REQUEST

For the Parent:

Please complete a separate request for each school.

Former School Name: _____ Phone: _____

School Address: _____

City, State, Zip: _____

1. Student Name: _____

Grade (this year) _____ DOB: _____

2. Student Name: _____

Grade (this year) _____ DOB: _____

3. Student Name: _____

Grade (this year) _____ DOB: _____

Parent(s) or Guardian(s) Signature: _____ Date: _____

_____ Date: _____

To the School:

Please remit the following records to Dikaios Christian Academy:

- Student's complete cum file.
- Faxed copy of student's transcript.
- Faxed copy of student's current Immunization Record.
- Faxed copy of student's Birth Certificate.
- Other: _____

Office Use Only:

1st request _____
(date) (initials)

2nd request _____
(date) (initials)

3rd request _____
(date) (initials)