



Pocono Adventist
Christian School

2001 W. Main Street
Stroudsburg, PA 18360
Phone: 570-421-5577
Fax: 570-421-5577
www.pacs.sda.org

Request for Student Records

Parent or Guardian:

This form will be directed to the Guidance Office/Student Records Office at your child's previous school.

Student Name

First name Middle Last

Current grade Date

I hereby authorize _____ to release a copy of the following records to Pocono Adventist Christian School.

- All official academic records, including most recent progress reports
- Standardized test scores
- Health records
- Attendance records
- Disciplinary records
- Psychological testing and evaluation, if any
- Individual education plan or special education evaluation, if any

Signature of Parent or Guardian Date

TO THE GUIDANCE OFFICE/STUDENT RECORDS OFFICE:

Pocono Adventist Christian School requests copies of the above information to evaluate admissions requirements. Thank you for your prompt response to this request.

PLEASE FORWARD RECORDS TO:

Mr. David Caleb, Principal
Pocono Adventist Christian School
2001 W Main Street
Stroudsburg, PA 18360