Nevada Christian School
ADVENTIST EDUCATION
Journey *to* Excellence 2.0

This is a records release form authorizing the release of all school records (academics, special education, health, behavioral, etc) for a student who has made an application for enrollment at Nevada Christian School.

Name of Student: _____ Date of Birth: _____

Date of Request: _____ Grade Entering: _____

School Student Last Attended: _____

School Address: _____

City: _____ State: _____ Zip: _____

School Telephone Number: _____

Parent/Guardian Name: _____ Phone: _____

To assist with the enrollment process for this student, please forward all applicable student records providing the following information. If one of the following is unavailable or not applicable, please make note of it.

- ☐ Immunization/Health Records
- ☐ Transcript/grade card/withdrawal grades
- ☐ Standardized Testing Record
- ☐ Attendance Record
- ☐ Conduct/Discipline Report
- ☐ Current or projected course schedule
- ☐ IEP and Diagnostic Summary
- ☐ 504 Plan Information

Date of Enrollment: _____ Date of Withdrawal: _____

Please Mail or Email to:
Nevada Christian School
324 S. 6th Street
Nevada, IA 50201
(515) 382-4932
office@nevadadventistschool.org