

Joshua 1:9 Learning Center, Inc.

901 Wilson Road, Building B, Humble, Texas 77338

Ph: (281) 975-0224 office@joshua19LC.org



## Student Records Request Form

Dear Parent/Guardian,

Please complete, sign, and submit this form to the Joshua 1:9 Learning Center, Inc. main office. This will allow us to receive a copy of your child's transcripts and records from his or her former school(s).

Student's Full Name \_\_\_\_\_ DOB \_\_\_\_\_

Last four of Social Security Number xxx-xx- \_\_\_\_\_ Current Grade Level \_\_\_\_\_

**Former School** \_\_\_\_\_ Attended from:

Address \_\_\_\_\_ to \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**Previous School** \_\_\_\_\_ Attended from:

Address \_\_\_\_\_ to \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

I grant permission for a copy of my child's transcripts and/or records to be sent to Joshua 1:9 Learning Center, Inc.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

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### Attention: Records Transcript Office

The above-named child has applied for enrollment to Joshua 1:9 Learning Center, Inc. Please send copies to (**office@joshua19LC.org**) of the following:

- Enrollment paperwork
- Transcripts
- Report Cards
- Standardized test scores
- Medical/Immunization Records/Hearing and Vision Screening test results
- IEP/504
- Behavioral or academic disciplinary documents

Thank you for your help! God Bless!

Jennifer Cox  
Head of School