

TRANSCRIPT REQUEST FORM

WILLISTON CENTRAL CHRISTIAN ACADEMY



School Contact Information

Parents please fill out the following information and sign. Our administration will fax this request to your current school and request the information.

Name of Previous School: _____

Address of School: _____

City: _____ State: _____ Zip: _____

Principal/Administrator: _____

School Phone Number: _____ School Fax Number: _____

Requested Records

This is an official request to forward the following student's records to Williston Central Christian Academy. We thank you for your prompt attention to the following request.

Student's Name: _____ Grade: _____ DOB: _____

- ✓ Copy of student's birth certificate and social security card
- ✓ Health records on original HRS Forms 680 and 3040
- ✓ Academic records of the current and previous years
- ✓ Final report cards from all previous years
- ✓ Test data from most recent achievement test and diagnostic tests, IEP or 504 Plans
- ✓ Attendance and discipline records

We appreciate your cooperation.

WCCA Admissions: _____ Date: _____

Please forward records to:
Williston Central Christian Academy
225 SE 4th Street
Williston, FL 32696
Fax: 352-529-0901
E-Mail: admin@willistoncca.org

*The Admissions Office is requesting records for _____ an accepted or _____ a prospective student.
If a student transfers to WCCA during the school year, records will be requested immediately upon acceptance.*