



Portland Christian School

QUALITY CHRISTIAN EDUCATION SINCE 1924

School Records Request Form

The following student has applied for admission to Portland Christian School:

Student's Legal Name _____
Last First Middle

Student's Date of Birth _____ Current Grade or Last Grade Completed _____

Current or Last School Attended _____

School Address _____
Street City State Zip

School Phone Number _____ School Fax Number _____

Parent/Guardian Signature _____ Date _____

Please release the following records for the student named above:

1. Birth Certificate
2. Immunization Certificate & Medical Forms
3. Complete Transcript and/or Cumulative Record
4. Attendance Records
5. Psychological Evaluation Report
6. Individual Standardized Achievement Test Results

Please send records to: Portland Christian School
 Attention: Kellie Pledger, Admissions
 8509 Westport Road
 Louisville, KY 40242
 Phone: 502-429-3727
 Fax: 502-326-2682
 Email: kellie.pledger@portlandchristian.org

We appreciate your promptness. Thank you.



Official use only:

Date request was mailed/faxed: _____

Date transcripts were received: _____

"In Christ are hidden all the treasures of wisdom and knowledge." Colossians 2:3