

Request for Copy of Academic Records (Must be submitted for students entering 1st-12th Grade)

Student's Name _	Last First Middle			Current Grade:	
_	Last	First	Middle		
Previous School:		 		· · · · · · · · · · · · · · · · · · ·	
School Address: _					
City		S	tate	Zip Code	
The above named student is <i>applying/registering for admission</i> at Medina Christian Academy. In order for us to evaluate his/her application and academic standing, please forward academic records to our office as soon as possible. THIS IS NOT A LETTER OF WITHDRAWAL FROM YOUR INSTITUTION.					
Records should in Report cards fro IEP, ETR, and/o Printed and sign Most current rep Complete test re Immunization re-	m last two or 504 ed transcrip ort card avec cord (inclue	ot (9th grade ailable	and above)	()	
Please mail record Medina Christian Attn: Admissions 3646 Medina Roa Medina, OH 4425	Academy .d				
Or scan records a admissions@mca		o email			
Parent/Guardian S	Signature: _			Date:	

Parents, Please Note: Return this completed form to the MCA office