



## *Wynfield Christian Academy*

Renée K. Walker, Director  
143 Williamson Drive  
Macon, GA 31210  
478-994-9776  
Fax: 478-994-6771

### REQUEST FOR SCHOOL RECORDS

(Parent: DO NOT RETURN THIS FORM TO Wynfield Christian Academy. SEND IT TO THE MOST RECENT SCHOOL attended.)

The school should send copies of such material to the above address.

I hereby authorize

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(Name of School)

To release information from the record of

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(Full name of child)

to Wynfield Christian Academy at the above address.

Parent's or Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Note: A request has been made to Wynfield Christian Academy to provide educational services for the above-named child. We would appreciate having from your files all material that might be helpful in working with this student. It is understood that the information released will remain confidential.

School Information Requested:

Grade Record

A copy of all psychological evaluations, including the following:

Test scores: Group and Individual Intelligence Tests (including Profile Sheets);

Achievement Tests- Reading, Spelling, and Arithmetic; Any other tests given

Individual Education Plan (if applicable)

Teacher, Guidance Counselor, and/or other staff comments

Health Record

Attendance Record

Transfer Records

Any available dated samples of student's work