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**TRANSCRIPT AND SCHOOL RECORD REQUEST**

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PLEASE TAKE THIS TO THE APPLICANT'S PREVIOUS SCHOOL.

Name of applicant \_\_\_\_\_ Date of birth \_\_\_\_\_

Current grade \_\_\_\_\_ Social Security Number \_\_\_\_\_

I hereby authorize release of information requested by Oakdale Christian Academy for my child's application.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

The student whose name appears above has applied for admission to Oakdale Christian Academy. Please send the requested material below at your earliest convenience to:

Oakdale Christian Academy  
Attn: Admissions  
5801 Beattyville Road  
Jackson, KY 41339  
606-666-5422  
fax: 877-666-2584

admissions@oakdalechristian.org

Oakdale Christian Academy requests:

- A transcript of the student's grades
- Current course listing with grades
- Date of withdrawal (if applicable)
- Record of attendance
- Record of individual or group testing
- Copy of standardized tests
- Copy of special education records
- Reports of disciplinary action
- Health records including immunization records
- Any other pertinent information

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To be completed by school records personnel as proof of record request and returned to Oakdale with application.

Name \_\_\_\_\_ Position \_\_\_\_\_

School \_\_\_\_\_ Telephone \_\_\_\_\_

Staff signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent should keep bottom portion and return it to Oakdale Christian Academy with application.**