

Santiago Christian School

Santiago, Dominican Republic
www.santiagochristianschool.org



Request for Student Records

Student's name: _____

Date of birth: _____

The student named above has applied for admission to Santiago Christian School for the 2015-16 school year. As part of our application process, we require copies of the student's school records (including standardized test scores) as well as the completed Teacher Assessment Form included with this request.

Due to the length of time for mail to arrive in the DR, we ask that you fax or email us a copy of the requested documents in addition to mailing us an official copy.

Send records to: **Santiago Christian School**
8400 N.W. 25th ST. Suite 110
BM # 2-30555
Doral, FL 33122
Phone: 809-570-6140 ext 238 **Fax: 809-570-6145**
Email: admissions@scs.edu.do

I hereby authorize:

School's name: _____

School's address: _____

School's phone number: _____ School's fax number: _____

To release all records to Santiago Christian School for:

Student's name: _____

Including: Academic, Health, Disciplinary and Specials Services records (if applicable).

Parent signature: _____ Date: _____