

REQUEST FOR TRANSCRIPT

Previous School (please give complete address):

Name: _____

Name: _____

Grade: _____

Grade: _____

Birthday: _____

Birthday: _____

has enrolled at Des Moines Christian School. Please forward cumulative records which may include:

- Current transcript
- Health records, including immunizations
- Standardized test scores
- Grades / credits earned this school year. (Please include withdrawal grades.)
- Attendance record (please note if medically excused)
- Psychological, counseling or other pertinent information
- Records of suspensions and/or expulsions

Parent / Guardian Signature

Des Moines Christian School

Title

Date

Please send records to:
(please specify either Elementary
or Secondary Registrar)

Des Moines Christian School
Registrar
13007 Douglas Parkway
Urbandale, Iowa 50323