

WESTWOOD CHRISTIAN SCHOOL

920 S.W. 11th Street Live Oak, Florida 32064

Phone 383-362-3735

Fax 386-364-6486

mlbryant@wcsliveoak.com

Westwood Christian School Records Request

Name of Student: _____ Grade Last Attended: _____

Date of Birth: _____ School Last Attended: _____

School's Fax Number: _____ School's Email: _____

The above student has applied for enrollment at our school. We are in the interview/application process only. You will receive an acceptance or denial notification once a decision has been reached.

Please forward the following information by email, mail, or fax. Email: mlbryant@wcsliveoak.com

- Most Recent Report Card
- Attendance Records
- Transcript, if applicable
- Standardized Testing Results
- ESE Status
- IEP or 504 Plan with Accommodations
- Copies and/or a Summary of Present and Past DISCIPLINE Referrals, (if none - please note)
- Birth Certificate
- Immunization Record or Religious Exemption
- Social Security Card or a copy
- Most Recent Physical

The parent's signature authorizing the release is noted below.

I, _____ the parent (legal guardian) of _____ hereby request you forward the above noted documentation, for the purpose of possible admissions, regarding my child, to the representatives of Westwood Christian School, Live Oak Florida 32064..

Parent or Guardian Signature

Date

Mallory Bryant
Westwood Christian School
Administrative Assistant

Information contained in this fax/email is confidential and should be treated as such. If sent to the wrong fax number or email address, contact the sender and destroy the information within.

Revised: 4/12/21