



1797 SHILOH ROAD * TYLER, TX 75703 * WWW.ETCA.ORG
PHONE (903)561-9582 * FAX (903)561-9620

Student Record Request

_____, _____, is being considered as a candidate for
Name of Applicant *Birth Date*

Admission to East Texas Christian Academy.

_____ has my consent to release the following information for the
School Name

above named student to

East Texas Christian Academy.

Parent/Guardian Signature

Previous School Information

Address: _____

Phone Number: _____

Fax Number: _____

To the Parent/Guardian:

After you have filled in the information above, please return to the ETCA Director of Admissions.

To the Principal, Counselor or Authorized Official:

The student named above has made application for admission to East Texas Christian Academy.

We would like to have a copy of the candidate's:

_____ Transcript _____ Standardized Test Scores

_____ Counselor/Teacher Observations

_____ Health Records (immunization records, vision and hearing screening results, etc.)

_____ Administrative Record (name, address, birth date, birth certificate, social security card, grade level completed, placement, class standing, attendance records, disciplinary records, etc.)

Thank you for your assistance.

Mike Gravois

Director of Admissions, ETCA