



2448 ROY ROAD * TYLER, TX 75707 * WWW. ETCA.ORG
ADMISSIONS: 903.561.9582 * 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.

Sue Walker

Director of Admissions, ETCA