



Thunderbird Christian Elementary

Training Children for Eternity

2024-2025 School Year

Student Records Request

To:

Previous School: _____

Address: _____

Phone: _____ Email: _____

From:

Requesting School: **Thunderbird Christian Elementary**

Registrar: **Zak Adams**

Address: **7440 E Sutton Drive, Scottsdale, Arizona 85260**

Phone: **(480) 991-6705**

Email: **office@thunderbirdelementary.com**

Please send:

- | | |
|---|--|
| <input type="checkbox"/> Cumulative Academic Records | <input type="checkbox"/> Behavior Records |
| <input type="checkbox"/> Vital Health Records (Immunizations and Birth Certificate) | <input type="checkbox"/> Attendance Record |

for the following student who is applying/enrolled at our school:

STUDENT NAME

BIRTH DATE

PARENT/GUARDIAN: We have requested the above-named school to send us the cumulative academic record and/or the health record of the above-named student as per your request. This is to notify you of your right to receive a copy of the record and a right to a hearing to challenge the contents. Please contact the conference superintendent of schools for instructions as to procedures to be followed if you wish to exercise your rights in relation to the above action.

A copy of this completed form should be placed in the student's school file.

Parent Signature

Print Name