

# Heartland Christian School

810 South Cedar, Belton, Missouri 64012  
Telephone (816) 331-1000

## Student Records Request

TO: School's Name \_\_\_\_\_  
Street \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_  
Fax ( ) \_\_\_\_\_

Student \_\_\_\_\_ Birth Date \_\_\_\_\_

Dear Principal:

The above named student has begun the process of applying to our school. In order for us to process his application please forward to us the following information:

- \_\_\_\_\_ Transcript showing recent courses taken and grades
- \_\_\_\_\_ Health records
- \_\_\_\_\_ Discipline records
- \_\_\_\_\_ Achievement test results
- \_\_\_\_\_ Mental ability test results
- \_\_\_\_\_ Any other pertinent information that we may use for guidance proposes

Please direct this information to:

Director of Admissions  
Heartland Christian School  
810 S. Cedar  
Belton, MO 64012  
Email: Office@hfministries.org

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### PARENTAL REQUEST AND RELEASE

Please send all requested information to Heartland Christian School. I also give my permission for you to release any other information, whether in verbal or written form, that will aid Heartland in its admissions process.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date