

REQUEST FOR TRANSFER OF SCHOOL RECORDS

School

Address

City/State/Zip

Phone/Fax/or Email

Send to:

VICTOR VALLEY DESERT
CHRISTIAN SCHOOL
P.O. BOX 1906
APPLE VALLEY, CA 92307
info@vvdcs.org
(760) 987-6852

Authorization is given to transfer the school records of the following students; As of the date listed on this form, these students are now enrolled in Victor Valley Desert Christian School. Please send all cumulative records in hard copy format including any Health, Behavioral, Testing, and I.E.P. reports immediately as per CA Ed Code law.

Student's Name

Date of Birth

Student's Name

Date of Birth

Student's Name

Date of Birth

Signature of Parent or Guardian

Address

City/State/Zip

Telephone

Date

Registrar/School Secretary

Date

For Office Use Only

Sent _____ Received _____

Sent _____ Filed _____

Sent _____ Copy to _____ Date _____