

**Mariners Christian School**  
**300 Fischer Ave.**  
**Costa Mesa, CA 92626**  
**Phone: 714-437-1700**  
**Fax: 714-437-7976**

## **REQUEST FOR TRANSCRIPT**

**To the Parent:**        **Please sign this form and return it to Mariners Christian School.**

Student's name \_\_\_\_\_ Present Grade \_\_\_\_\_

Name and Address of previous/present school

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Parent Authorization**

You are hereby authorized to release any and all information from my child's educational records and/or regarding my account status, which are requested by Mariners Christian School.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **To the School:**

- The student named above is a candidate for admission to Mariners Christian School. Please forward all records, a report of courses, grades, and results of the standardized achievement and individual intelligence tests, including first semester grades for the current year. For grades 7 and 8, please include math level. More specifically, has the student taken Algebra? This information is essential to our decision-making process.
- The student named above has been accepted to our school. Please forward all records as soon as possible.

Thank you for your cooperation. If you have any questions please call Sherry Fenley at (714) 437-1700 ext. 146. Please forward the requested information to my attention at Mariners Christian School.