

# Mountains Christian Academy



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Twin Peaks, CA 92391

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## Request for School Records

**Parents:** Please fill out the appropriate spaces below. Be sure to include the complete name and address of the school including ZIP Code. Return this to Mountains Christian Academy.

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

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## Previous School

Name of school: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date