



REQUEST FOR THE RELEASE OF SCHOOL RECORDS

Please forward the school record of _____

Admissions Dept.
Phil-Mont Christian Academy
35 Hillcrest Ave
Erdenheim, PA 19038-8281
Fax: 215-233-0829

Please include the following information:

- Academic record (grades to date)
- Results of standardized achievement and/or aptitude tests
- Attendance records
- Any other information which would identify apparent strengths or weaknesses and patterns of behavior.

For further discussion or questions, please feel free to contact the admissions office at 215-233-0782 x408 or admissions@phil-mont.com.

Cordially,
Phil-Mont Admissions Office

Parental Permission:

I _____, the parent/guardian of the student listed above, give my permission for Phil-Mont Christian Academy to request and receive the information itemized above.

Signature _____ date _____

Medical records will be requested after enrollment.