



Permanent School Records Request Form

Date of Request: _____

Student Full Name: _____

Student Mailing Address: _____

Birth Date of Student: _____

Dates of VFBA Attendance: _____

Amount Due \$25.00

____ Please check here stating that you understand that the fee will be billed to your account for current student.

____ Checks made be made payable to Valley Forge Baptist Academy, and mailed to 616 S. Trappe Road, Collegeville, PA 19426, Attn: Debie Grace.

Type of Records Requested:

Report Cards: ____

Behavioral Evaluations ____

IEP Records ____

Phycological Evaluations ____

Health Records: ____
(Immunization Records, Physicals, etc.)

IOWA/Achievement Test Results ____

Annual Attendance Records ____

College Entrance Test Results ____

Class/Course Grades and Credits ____

Discipline Records: ____

Other: ____ (Please give a description of an item you are looking to obtain that is not listed above)

****Please allow two weeks for confirmation that your request is complete.***

Parent Signature: _____

(Parent signature required for current enrolled student)

Office Use: Date Received : _____ Completed: _____ Notes: _____
