

**Students in 1st through 5th Grade.  
Please mail or deliver this to your child's previous school so  
that a records transfer may take place. Thank you.**

Request for Pupil Records (1-5`)  
to be sent to

**Grace Christian School  
602 High Ridge Road  
Stamford, CT 06905**



Pupil's Name \_\_\_\_\_

Last Grade \_\_\_\_\_

I have enrolled my child, \_\_\_\_\_, in the above named school and authorize you to release school records, health records, testing, and any records for special services to this school.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date