



STUDENT RECORD RELEASE

RELEASING SCHOOL

School Name: _____

Email of guidance counsellor: _____

Date: _____

RECEIVING SCHOOL

Name: Sussex Christian School

Address: 45 Chapman Drive
Sussex, NB E4E 1M4

Email: info@sussexchristianschool.ca

My child(ren) has/have withdrawn from your school. Please release their academic and health records to the above-named receiving school.

STUDENT(S)

Student: _____

Age: _____ Grade at time of withdrawal: _____

Student: _____

Age: _____ Grade at time of withdrawal: _____

Student: _____

Age: _____ Grade at time of withdrawal: _____

Student: _____

Age: _____ Grade at time of withdrawal: _____

Student: _____

Age: _____ Grade at time of withdrawal: _____

SIGNATURE

Parental Signature

Date

Receiving School Signature

Date