



## REQUEST FOR STUDENT RECORDS

PARENT: PLEASE COMPLETE THIS SECTION

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

### ***THE ABOVE STUDENT IS CURRENTLY ENROLLED OR APPLYING TO ATTEND:***

Providence Hall Classical Christian School  
1120 E. Hefner Road  
Oklahoma City, OK 73131  
Phone: (405) 478-2077  
Fax: (405) 749-5191

Please send copies of his or her school records to the address shown above.

If you have questions please call us. Thank you for your attention to this matter.