

TRANSFER OF STUDENT RECORDS



This is to certify that I, _____, the parent/legal guardian of the child/children listed below, do hereby request that the educational records of the below listed child/children be transferred to:

School: Machias Valley Christian School
Address: 118 Court Street, Machias, ME 04654
Phone: 207-255-6700
Email: office@machiasvalleychristian.org

Parent/Legal Guardian Signature

Date

Child/Children:

Grade:

