



Novi Christian School

45301 W. ELEVEN MILE ROAD

NOVI, MICHIGAN 48375

Phone: 248.349.9441 • Fax: 248.349.3481

www.chsnovi.org

STUDENT RECORD RELEASE

Date: ____ / ____ / ____

To Releasing School Counselor:

School Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____

Fax: _____ - _____ - _____

Dear Counselor:

My child/children have been withdrawn from your school. Please release all of their academic/health/psychological/confidential records to the following church-school.

Thank you for your quick response.

ACCEPTING CHURCH-SCHOOL

Novi Christian School

45301 West Eleven Mile Road

Novi, MI 48375

(248) 349-9441

(248) 349-3481 Fax

STUDENT'S NAME:
(LAST NAME FIRST)

AGE

GRADE AT TIME
OF WITHDRAWAL

Signature of Requesting Parent

Signature of Receiving Principal

FOR OFFICE USE ONLY: Date Sent: _____ Mail or Fax