

Tree of Life Christian Preparatory School

A ministry of the Seventh-day Adventist Church

Student Record Request

To: Principal	
School name:	
School address:	
Regarding:	
Student name:	
Student address:	
Please release this student's complete cumulative folder testing and any recommended accommodations, report medical records to: Tree of Life Christian Preparatory School Attn: Admissions Committee 6050 Plank Road Fredericksburg, VA 22407 Fax #: 540-548-0877	
I hereby give permission to the Principal, or any school pabove mentioned school, to release information regarding to the Tree of Life Christian Preparatory School for consistence.	ng my child,,
Parent's signature:	Date:
Address:	

"Tree of Life Christian Preparatory School admits students of any race, color, ethnic background, country of origin or gender; proffers all the rights, privileges, programs and activities generally available to students; and, makes no discrimination on the basis of race, color, ethnic background, country of origin or gender in administration of education policies, application for admission, scholarship programs, and athletic or extracurricular programs."

"Preparing young minds for eternity."