



# WELCOME!

## International Students

Thank you for your interest in studying at Schaumburg Christian School! The faculty and staff welcomes you and looks forward to assisting you during your educational experience at Schaumburg Christian School.

The first step in the process of becoming a student at SCS is to complete this application packet and return it to the School Registrar. If you have any questions as you proceed, please call. We're here to help you and make this transition as smooth as possible.

Please follow the checklist below to insure that your application packet is complete. Any missing items can potentially delay processing of the I-20.

- The completed application – All questions on the application must be answered for an application to be considered (including United States guardian information). The application should include a copy of the student's passport. A photo of the student should also be attached.
- A non-refundable \$400.00 application fee. (one time fee)
- Student Information Sheet (to be filled out by the student in English)
- Pastor, Principal or Counselor Recommendation Form
- Signed Statement of Cooperation (included in this packet)
- Notarized bank statement supporting funds
- Completed Emergency Treatment Form (included in this packet)
- Copy of student's birth certificate or passport
- Required health forms for physicals, eye examinations and dental examinations (Blank health forms are available on the main school website under the Resources Tab. These may be taken to your physician for completion.)
- Immunizations Records – SCS must have a copy of your immunization (shot) records on file. A copy of the School Health Requirements is included in this packet.
- Transcripts, standardized test scores, and a summary of your completed courses translated into English – The Release of Records Form must be delivered to your current school for completion. All standardized test scores in your records must be included with the transcripts. The Release of Records Form is included in this packet.
- An interview is required for each Host/Guardian family. To schedule an appointment please call 847-885-3230, x3020.

You are responsible for ensuring that all required information has been submitted to the School Registrar's Office. *Your file must be complete before it can be approved.* Questions may be directed to:

Karen Bustamante  
School Registrar  
Schaumburg Christian School  
Phone: 847-885-3230, x3139  
Fax: 847-885-3354  
Email: karenbustamante@bethelministries.org



# SCHAUMBURG

## CHRISTIAN SCHOOL

### International Application for Admission Grades 1 through 12

Upon submission of this completed form, an I-20 may be issued. Please make checks payable to *Schaumburg Christian School*. Total initial fee: \$400.00 **All Fees are non-refundable.**

**PLEASE PRINT OR TYPE ALL INFORMATION SO THAT IT IS CLEARLY LEGIBLE.**

<b>SECTION A: STUDENT INFORMATION</b>			
<i>All applicants must complete this section.</i>			
Date Applying _____	Desired Start Date _____ of school year <u>2012-2013</u> <i>Month / Date</i>		
Have you ever attended Schaumburg Christian School before? ___ Yes ___ No If yes, what year? _____			
Date of Birth _____ <i>Month/Day/Year</i>	Age _____	Last Grade Completed _____	Desired Length of Stay _____
Student's Name _____ <i>Last First Middle English Name (if applicable)</i>			
Student's E-mail Address _____			
<input type="checkbox"/> <b>Will need housing assigned</b>			
Status of Student	English: Student	Host Family	Gender
<input type="checkbox"/> In Foreign Country	<input type="checkbox"/> Speaks English	<input type="checkbox"/> Speaks English	<input type="checkbox"/> Male
<input type="checkbox"/> In the United States	<input type="checkbox"/> Speaks Very Little English	<input type="checkbox"/> Speaks Very Little English	<input type="checkbox"/> Female
	<input type="checkbox"/> Does Not Speak English	<input type="checkbox"/> Does Not Speak English	
How did you hear about Schaumburg Christian School?			
<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Church	<input type="checkbox"/> Newspaper/Magazine	<input type="checkbox"/> Drive By
<input type="checkbox"/> Internet/Website	<input type="checkbox"/> Realtor	<input type="checkbox"/> Private School Fair	<input type="checkbox"/> SCS Family _____
<input type="checkbox"/> Other _____			

<b>SECTION B: NEW APPLICANT FOR I-20</b>			
<i>This section is to be completed if the student is currently living in a foreign country and would like an I-20 issued to attend Schaumburg Christian School. Proceed to Section D upon completion of this section.</i>			
Country of Birth _____	Country of Citizenship (if not the same as country of birth) _____		
Foreign Address _____ <i>Apartment No. / Street Province City</i>			
<i>State</i>	<i>Country</i>	<i>Postal Code</i>	<i>Phone Number</i>

<b>SECTION C: FOR STUDENTS WHO CURRENTLY HAVE AN I-20</b>			
<i>This section is to be completed if the student is currently living in the United States and has already been issued an I-20. Proceed to Section D after completing this section.</i>			
Student's Current Address _____ <i>Apartment No. / Street City State Zip Code</i>			
Current School Name _____		Current Grade _____	
School's Address _____ <i>Street City State Zip Code</i>			
School's Phone Number _____		SEVIS Number on the Applicant's I-20 _____	
<b><u>Note:</u></b> Schaumburg Christian School will not be able to issue a new I-20 until the former school has transferred the student's SEVIS account to our school account.			

<b>Office Use Only</b>
Account # _____
Initial Fee _____
SEVIS # _____

**SECTION D: PARENT INFORMATION**

<b>Father's Information – Required</b>	<b>Mother's Information – Required</b>
<input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____	<input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____
Name _____	Name _____
Home Address _____	Home Address _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
E-mail Address _____	E-mail Address _____
Occupation _____	Occupation _____
Employer _____	Employer _____
Title _____	Title _____
Business Address _____	Business Address _____
Work Phone _____	Work Phone _____
Work Fax _____	Work Fax _____
This person <input type="checkbox"/> Is an emergency contact <input type="checkbox"/> Is financially responsible	This person <input type="checkbox"/> Is an emergency contact <input type="checkbox"/> Is financially responsible

**SECTION E: FOR UNITED STATES GUARDIAN - REQUIRED***All applicants are asked to provide the following information.*

Host Family Name <input type="checkbox"/> Mr <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____	_____		
	<i>Last</i>	<i>First</i>	<i>(Please list complete names of guardians.)</i>
Host Family Name <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____	_____		
	<i>Last</i>	<i>First</i>	<i>(Please list complete names of guardians.)</i>
Host Family Address _____	<i>Apartment No. / Street</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>
Host Family Home Phone _____	Cell Phone _____		
Host Family E-mail Address _____			
Relationship to Applicant _____			
Employer of Main Guardian _____			
Occupation _____	Work Phone _____		

**SECTION F: FINANCIAL INFORMATION***All applicants must provide a **notarized bank statement** of the person who will be responsible for paying the bill.*

Student's living expenses per year (less tuition and school fees): \$ _____
How will the student's bill be paid?
<input type="checkbox"/> Student's Personal Funds <input type="checkbox"/> Student's Parents' Funds
<input type="checkbox"/> Host Family <input type="checkbox"/> Other Source _____
Please indicate the method of preferred payment:
<input type="checkbox"/> <b>Full Payment</b>
<input type="checkbox"/> <b>Monthly (must speak to billing office to set up payment arrangement)</b>

**SECTION G: STUDENT CONDUCT**

1. As a student at SCS, you must comply with our standards of conduct. SCS prohibits the possession and/or use of any substance which could become addictive, to include alcohol, tobacco, or other drugs. SCS also forbids illicit sexual activity and requires compliance with a strict honor code. In view of the above, is there any reason to anticipate the applicant will have difficulty complying with our standards of conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has the applicant ever been: suspended from school? dismissed from school?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has the applicant ever had any other serious behavior or conduct problems in school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has the applicant ever been denied re-enrollment to a school because of disciplinary reasons?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has the applicant had any involvement (other than minor traffic violations) with the law enforcement authorities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Will the applicant adhere to and follow the dress codes stated in the SCS Student Handbook?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Will the applicant attend Sunday School and church each week at Bethel Baptist Church or a Church of like faith? If church of like faith, please give name of church _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If you answered YES to questions 1, 2, 3, 4 and/or 5, please explain in detail and attach all available documentation.</b>	
_____	
_____	
_____	
_____	
_____	
_____	
_____	

**SECTION H**

*This section is to be read and signed by the person completing this form.*

➤ Please note if the student registers and we receive an approved I-20 from the INS, then the student must attend Schaumburg Christian School. If the student fails to report to the school, then we are obligated by law to report this to the INS.
➤ I have completed this form to the best of my knowledge and attest my answers to be true.
➤ I understand and agree with all that has been stated in Section H.
Signature of person completing this form _____ Date _____
Printed name of person completing this form _____

**You may return the completed application via United States mail, electronic mail (scan document and send as an attachment), or via fax to:**

Karen Bustamante  
 School Registrar  
 Schaumburg Christian School  
 200 N Roselle Road  
 Schaumburg, IL 60194  
 Phone: 847-885-3230, x3139  
 Fax: 847-885-3354  
 Email: karenbustamante@bethelministries.org

<b>OFFICE ONLY:</b> Please attach a copy of this completed form to the I-20 office copy.
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# Statement of Cooperation

2012-2013

In making application to Schaumburg Christian School, I understand and agree to the following:

## FINANCIAL GUIDELINES

- It is my responsibility as a parent/guardian to pay tuition as stated on the current financial information sheet.
- No records will be released until all bills are paid up-to-date; delinquent payment may be cause for suspension.
- The Enrollment Fee and Curriculum Fee are non-refundable.
- Assessments will be made to cover lost or damaged school property.
- Students with delinquent accounts will not be allowed to participate in semester exams, final exams, graduation exercises or any extra-curricular activities.

## DISCIPLINE GUIDELINES

- The school administration reserves the right to dismiss any student who is found to be out of harmony with the rules and policies of Schaumburg Christian School.
- The teacher and school administration are hereby given full discretion, within school policy, concerning the discipline of my child.
- Disciplinary means include, but are not limited to, conduct reports, demerits, suspensions, and expulsions.

## ACADEMIC GUIDELINES

- The school administration assumes the final responsibility for the grade placement of my child.
- To help my child master the material being taught at school, I will work with my child at home as needed and will take responsibility for my child completing his assignments on time.

## RELIGIOUS GUIDELINES

- Students are expected to be open to the religious teachings of the school.
- I understand that the school does not allow the expression of any religious beliefs (whether verbal, visual, or otherwise) that are out of harmony with the teachings and practices of Bethel Baptist Church.

## HEALTH CARE GUIDELINES

- I understand that the school does not currently employ a registered nurse; a member of the office staff is assigned to oversee the health care needs of the students.
- I will cooperate with the health care policies of the school.
- If my child is injured or becomes ill, I request that the school take whatever action it deems necessary, which may include contacting a parent, administering first aid, calling 911, etc.

## ADDITIONAL JUNIOR HIGH/SENIOR HIGH GUIDELINES

- My child is expected to establish and maintain a Christian testimony with staff and students.
- I will ensure that my junior high and/or senior high child does not listen to rock music or the like.
- I will ensure that my junior high and/or senior high child exclusively attends Sunday School and church each week at a Bible-preaching church that practices water baptism by immersion.

- Continued on Other Side -

**GENERAL GUIDELINES**

- I will ensure that my child participates in all required school activities.
- As a parent, I am expected to support the standards, policies, and teachings of the school at home.
- Should there be any questions or concerns involving the school, I agree to contact the teacher or the administration (without involving other school families) in an attempt to resolve the concern.
- Should a problem with the school not be remedied, I agree to quietly withdraw my child from school without encouraging discord or unrest among other school families.
- I agree not to hold Schaumburg Christian School liable for enforcing their guidelines and policies.

**SCHOOL PROMOTION**

- I understand that during the school year my child may be photographed and his/her image may be displayed in the school yearbook, in promotional materials or on the school website.

I have read the above information and the Schaumburg Christian School Parent/Student Handbook and agree to cooperate with Schaumburg Christian School concerning each of these guidelines and policies. I understand that this Statement of Cooperation is subject to change at the discretion of the Schaumburg Christian School administration.

\_\_\_\_\_  
*Parent's Signature*

\_\_\_\_\_  
*Date*

**List Student's Name(s) and Grade (Please Print Clearly):**

NAME	GRADE		NAME	GRADE

**One form per family must be signed each school year.**



SCHAUMBURG CHRISTIAN SCHOOL

# Recommendation Form

## Pastor / Principal / Counselor

200 North Roselle Road  
Schaumburg, IL 60194  
Phone: 847-885-3230  
Fax: 847-885-3354  
www.schaumburgchristian.com

### TO THE FAMILY:

Please complete this section and submit the form to your Pastor, principal or counselor to complete and return directly to the school via email or fax.

Student / Applicant Name \_\_\_\_\_  
Family Name \_\_\_\_\_  
Family Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_

### DEAR PASTOR / PRINCIPAL / COUNSELOR:

As part of the application process at Schaumburg Christian School, we ask our parents to obtain a recommendation form from either their Pastor, Principal or their Counselor. By answering the following questions, you enable us to give clearer direction to families seeking entrance in the School. Therefore, please complete the following section and return the form via e-mail or FAX. Thank you for your assistance.

1. How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_  
Are you related? \_\_\_\_\_ Does the applicant have a Christian testimony? \_\_\_\_\_  
Comment: \_\_\_\_\_

2. Description of applicant (circle all that are applicable)

Behavior: well-behaved needs discipline respectful disrespectful ambitiuos over-aggressive introverted

Peer Influence: very good good indifferent bad very bad

Attitude: emotionally stable emotionally erratic optimistic pessimistic self-centered considerate

Characteristics: studious athletic social musical mechanical artistic

Leadership: leader follower If a leader, what evidence has been demonstrated? \_\_\_\_\_

3. In what church activites does the applicant participate? (circle all that are applicable)  
music teaching counselor does not participate other \_\_\_\_\_

4. Make a brief statement concerning applicant's relationship with his/her family, i.e. respectful, rebellious, etc.

5. Have you known this applicant to use narcotics, tobacco, or alcohol? If so, please explain.

6. Would you recommend admitting this student to a Christian school?  Yes  No  With reservations

7. Please use back of form for any additional information which you feel might help us in our evaluation.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

Church/School \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Fax \_\_\_\_\_

Note: If you wish this information to remain confidential, please indicate by signing below:  
\_\_\_\_\_



# Student Information

To be completed by the student in English

1. Do you attend church regularly?  Yes  No Denomination \_\_\_\_\_  
Church Name \_\_\_\_\_ Pastor's Name \_\_\_\_\_  
Address \_\_\_\_\_

2. Give your personal testimony, and describe your present relationship with Jesus Christ. (25 words or less)

3. Why do you wish to attend Schaumburg Christian School? (25 words or less)

4. Please rank your English ability:  Low  Average  Intermediate  Advanced

5. How many years have you studied English? \_\_\_\_\_

6. How long do you plan to study in the United States? \_\_\_\_\_

7. Where do you want to go to college? \_\_\_\_\_

8. What extra-curricular activities do you enjoy? (sports, music, drama, art, etc.) \_\_\_\_\_

9. Have you read and understood the School Dress Policy and Guidelines and will adhere to and follow the dress codes stated in the SCS Student Handbook?  Yes  No (must be read in order to finalize application process)

10.

Have you ever:	YES	NO	If yes, please explain your current attitude toward and/or use of these substances.
Used Alcohol			
Used Tobacco (any form)			
Used illegal drugs or abused drugs of any kind			
Been suspended or dismissed from school			
Been denied re-enrollment to a school because of disciplinary reasons?			
Had any involvement (other than minor traffic violations) with the law enforcement authorities			



**EMERGENCY TREATMENT RELEASE  
AND  
MEDICATION AUTHORIZATION**  
(one per student)  
2012-2013

200 North Roselle Road  
Schaumburg, IL 60194  
Phone: 847-885-3230  
Fax: 847-885-3354  
www.schaumburgchristian.com

FAMILY INFORMATION			
<b>Student's Name:</b> _____		<b>Grade:</b> _____	<b>O Male    O Female</b>
<b>Home Telephone:</b> (    ) _____		<b>Date of Birth:</b> _____	
<b>Father's Name:</b> _____		<b>Mother's Name:</b> _____	
<b>Daytime Phone:</b> (    ) _____		<b>Daytime Phone:</b> (    ) _____	
<b>Cell:</b> (    ) _____		<b>Cell:</b> (    ) _____	

MEDICAL INFORMATION	
<b>Student's Physician:</b> _____	<b>Phone:</b> _____
<b>Medical Allergies:</b>  _____	
<b>Food Allergy(ies) &amp; Severity:</b> For a severe food allergy you must complete a <i>Food Allergy Action Plan</i> . (Please do not list a food preference which is not medically related.)  _____	
<b>Chronic Health Conditions</b> (i.e. Asthma, Seizure history, etc. / <b>Special Care Required:</b>  _____	

NON-MEDICAL INFORMATION
<b>Dietary Restrictions:</b> (Parents are responsible for providing food substitutions for lunch, snacks, etc.) _____

MEDICATION AUTHORIZATION								
I authorize Schaumburg Christian School to administer to my child an age-appropriate dose of the following medications:  <b><u>You must INITIAL in the space next to medications you will allow.</u></b>								
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><b><u>Fever/Pain</u></b> Ibuprofen (i.e. Advil)_____</td> <td style="width: 25%;"><b><u>Cold/Cough</u></b> Cough Drops_____</td> <td style="width: 25%;"><b><u>Allergies</u></b> Benadryl_____</td> <td style="width: 25%;"><b><u>Stomach Upset</u></b> Chewable Antacid (i.e. Tums)_____</td> </tr> <tr> <td colspan="4">Acetaminophen (i.e. Tylenol)_____</td> </tr> </table>	<b><u>Fever/Pain</u></b> Ibuprofen (i.e. Advil)_____	<b><u>Cold/Cough</u></b> Cough Drops_____	<b><u>Allergies</u></b> Benadryl_____	<b><u>Stomach Upset</u></b> Chewable Antacid (i.e. Tums)_____	Acetaminophen (i.e. Tylenol)_____			
<b><u>Fever/Pain</u></b> Ibuprofen (i.e. Advil)_____	<b><u>Cold/Cough</u></b> Cough Drops_____	<b><u>Allergies</u></b> Benadryl_____	<b><u>Stomach Upset</u></b> Chewable Antacid (i.e. Tums)_____					
Acetaminophen (i.e. Tylenol)_____								
<b>Note:</b> All medications from home (RX or over-the-counter) must be delivered by a parent to the school office where a parent will complete a Medication Request form. Medication from home must be in original packaging.								

LOCAL EMERGENCY CONTACTS				
<b>List two responsible adults who in the case of an emergency will assume responsibility for your child if parents cannot be reached.</b>				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><b>Name:</b> _____</td> <td style="width: 50%;"><b>Name:</b> _____</td> </tr> <tr> <td><b>Phone:</b> (    ) _____</td> <td><b>Phone:</b> (    ) _____</td> </tr> </table>	<b>Name:</b> _____	<b>Name:</b> _____	<b>Phone:</b> (    ) _____	<b>Phone:</b> (    ) _____
<b>Name:</b> _____	<b>Name:</b> _____			
<b>Phone:</b> (    ) _____	<b>Phone:</b> (    ) _____			

*As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the above named minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. Necessary first aid may be given at school. This release form is being completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.*

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

# School Health Requirements

## (Physicals, Immunizations, Dental, Vision)

2012-2013

### STATE OF ILLINOIS SCHOOL HEALTH REQUIREMENTS

**Note:** All health records must be submitted to the Health Office **PRIOR** to the first day of school, unless otherwise noted. All exams must be complete and recorded on State of Illinois Examination forms only. Completed forms may be faxed to SCS at (847) 885-3354. Authorized forms are available on the SCS website ([www.schaumburgchristian.com](http://www.schaumburgchristian.com)) or Illinois State Board of Education websites (links follow at the end of this document). **Failure to comply with the State of Illinois regulations may result in exclusion from school or withholding of student records (i.e. report cards).**

#### **ALL STUDENTS**

Emergency Treatment Release for the current year must be submitted for each student.

#### **NEW PRESCHOOLERS**

- Copy of Birth Certificate
- Physical Examination must be completed within one calendar year prior to the date of entry. The exam must include up-to-date immunizations and medical history.

#### **KINDERGARTEN**

- Physical Examination must be completed within one calendar year prior to the date of entry. The exam must include up-to-date immunizations and medical history.
- Eye Examination must be performed by a licensed optometrist within one year prior to the first day of school and submitted before October 15 of the school year.
- Dental Examination must be performed by a licensed dentist and submitted prior to May 15 of the school year. Dental exams must be completed within 18 months prior to the May 15 deadline.

#### **SECOND**

- Dental Examination must be performed by a licensed dentist and submitted prior to May 15 of the school year. Dental exams must be completed within 18 months prior to the May 15 deadline.

#### **SIXTH**

- Physical Examination must be completed within one calendar year prior to the date of entry. The exam must include up-to-date immunizations and medical history.
- Dental Examination must be performed by a licensed dentist and submitted prior to May 15 of the school year. Dental exams must be completed within 18 months prior to the May 15 deadline.

#### **NINTH**

- Physical Examination must be completed within one calendar year prior to the date of entry. The exam must include up-to-date immunizations and medical history.

#### **NEW STUDENTS FROM OUT OF STATE**

- Copy of Birth Certificate
- Physical Examination must be completed within one calendar year prior to the date of entry. The exam must include up-to-date immunizations and medical history.
- Eye Examination must be performed by a licensed optometrist within one year prior to the first day of school and submitted before October 15 of the school year.

## **STUDENTS TRANSFERRING FROM OTHER ILLINOIS SCHOOLS**

- Transfer of current Illinois school health records

### **Illinois State Board of Education websites**

A copy of the State of Illinois Child Health Examination form can be accessed at:

[http://www.idph.state.il.us/health/vaccine/child\\_hlth\\_forms/Child\\_Hlth\\_Exam\\_Cert.pdf](http://www.idph.state.il.us/health/vaccine/child_hlth_forms/Child_Hlth_Exam_Cert.pdf)

A copy of the State of Illinois Dental Examination form can be accessed at:

<http://www.idph.state.il.us/HealthWellness/oralhlth/DentalExamProof10.pdf>

A copy of the State of Illinois Dental Examination Waiver form can be accessed at:

<http://www.idph.state.il.us/forms/ohpm/Dental%20Exam%20Waiver.pdf>

A copy of the State of Illinois Eye Examination Report can be accessed at:

<http://www.idph.state.il.us/HealthWellness/EyeExamReport.pdf>

A copy of the Eye Examination Waiver can be accessed at:

<http://www.idph.state.il.us/HealthWellness/EyeExamWaiver.pdf>



# Release of Records Form

2012-2013

200 North Roselle Road  
Schaumburg, IL 60194  
Phone: 847-885-3230  
Fax: 847-885-3354  
www.schaumburgchristian.com

I give permission for:

\_\_\_\_\_  
School Transferring From

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
ST

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

To release the records of:

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Date of Birth

To the following institution:

Schaumburg Christian School  
Attn: School Registrar  
200 North Roselle Road  
Schaumburg, IL 60194  
Phone: 847-885-3230  
Fax: 847-885-3354

1. Please send an official transcript / records which may include:
2. Name, address, serial number, phone number, and year of graduation
3. Date and place of birth and method of verification
4. Date of entrance and, if appropriate, date of withdrawal and/or re-entry
5. Parents or guardians: name, occupation, business name and address
6. Name and location of school(s) previously attended
7. Results of Driver Education course, Consumer Education course, state and federal Constitution tests, and Essential Skills tests in English, math, and reading
8. Names of courses taken, including: grades, credits earned, grade point average, and rank in class
9. Attendance dates, including absences and tardies
10. Scores on college entrance tests (if applicable)
11. Grades earned when withdrawal occurs prior to the completion of a semester
12. Courses in progress (if applicable)
13. Physical examination and immunization records
14. Information necessary to interpret the transcript, including a key of the grading scale
15. All special education records and information
16. All disciplinary records

Signature of Parent and/or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Released by: \_\_\_\_\_ Date: \_\_\_\_\_