

Request Form

To be used with future written requests

Family Christian Academy East

ARK Center/Knoxville
124 E. Inskip Dr. • Knoxville, TN 37912 • Fax(865) 689-1213

New Address

Date of Request _____

Student's Full Legal Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Date of Birth _____ Grade _____ Student ID# _____

For Transcripts: Name of College _____ College Address _____ City _____ St. _____ Zip _____

I. Transcript of Grades: (9-12 only)

First certified copy to parents and to college: FREE* (12th grade only)

Each additional certified copy: \$9.00

Not enrolled: \$17.00

Please attach note with college name, address and contact name

Qty.

Subtotal

1

\$ 0

\$

\$

II. SF1010 Form – Driver's License/Permit Form

A copy of the student's birth certificate must be attached.

Student must be at least 15 years old.

First copy: FREE

2nd copy: \$9.00

Race _____

(Note: Expires 30 days from date issued. Must be enrolled 60 days.)

1

\$ 0

\$

III. Copy of Attendance and Progress Reports

Year: _____ 1st quarter _____ 1st semi-annual _____

2nd quarter _____ 2nd semi-annual _____

3rd quarter _____

4th quarter _____

First copy of each student progress and attendance reports: \$4.00

Each additional copy: \$.50

\$

\$

IV. Copy of School Records

Copies of school records: \$0.50 per page. Not to exceed: _____ pgs.

V. Other GED _____ Work Letter _____ Soc Sec _____ Enroll Letter _____ SAT/ACT(\$3.00 ea) _____

\$

\$

VI. Teacher Cards

Lost Teacher/Student Card: \$9.00

\$

Request fulfilled 7 to 10 days from date of receipt

(Please do not inquire prior to 10 days)

*Please mark bottom left corner of envelope "REQUEST"

Total: \$ _____

Parent/Legal Guardian Signature: _____