

Date: _____



Academic Information Request
(not originals)

To the Principal or Counselor of:

Student Name

Grade

*The student named above has applied to Oakland Christian.
I authorize you to release copies of all requested information directly to:*

Oakland Christian School

Signature of Parent/Legal Guardian

Parent/Legal Guardian Phone Number

Name of School Representative

School Representative Phone Number

Please provide the following, as applicable:

1. Scores of all standardized testing.
2. Report cards. (Final 2017-18 report card, and most recent card marking for 2018-19)
 - a. *For applicants seeking transfer into grades 9, 10, 11, or 12, a complete high school transcript is required.*
3. Completed Oakland Christian Student & Family Recommendation Form
4. Completed Affirmation of Prior Discipline Form

Oakland Christian appreciates your assistance in providing complete and thorough academic documentation to our Admissions Office. The records and evaluation forms are necessary to accurately and fairly evaluate students, and to assist in making decisions on placement in the curriculum at Oakland Christian.

Please mail, fax, or email documentation directly to:

*Oakland Christian School
Attention: Office of Admissions
3075 Shimmons Road
Auburn Hills, MI 48326
FAX: 248-373-9255*

Email: admissions@oaklandchristian.com

Please **DO NOT** send or provide requested documentation to parent/guardian of student applicant.
Documentation received from a parent/guardian will not be accepted.

Questions? Call the OCS Office of Admissions at 248-373-2700.