

## TO THE PARENT/GUARDIAN

Please complete in full and give this form to your child's school registrar.

Student's name (last, first, middle)		Birthday	Birthday Grade		
School attending or last attended		District			
School's address		City		State	Zip
School's phone number		School's fax numbe	<del>.</del>		
I acknowledge notification of this transfer of records as record to receive a copy at my own expense, and that I have an obe treated in a confidential manner and will not be transmission.	pportunity to challenge the c	content of the record	-		-
Parent/Guardian signature		Date			
Current address		City	State	Zip	
TO THE REGISTRAR					
The above named student is applying for admission at:	☐ King's High School	☐ King's Junior	High School	☐ King's Ele	ementary School
Please send copies of the following forms:					
• Report card for the current academic year.					
Official transcript and any supplemental academic r	records for the past two years				
• Most recent standardized test scores (example: Iowa	a, MSP, SAT, CAT, WASL)				
Send requested documents to : King's Schools					

Admissions Office 19303 Fremont Avenue N Seattle, WA 98133-9703

Email: kingsadmissions@crista.net

Phone: 206.289.7783 Fax: 206.289.7994