

Phone Inquiries: 507-334-3948

Request For Records

Today's Date	e:		
Student Nam	ne:	Date of Birth:	
Current Grad	de: Current School:		
	amed student is an applicant for admiss	sion to Bethlehem Academy for: Next school year:	
	ent or guardian of the above-named stud ds and ask that they be sent to Bethlehe	dent, I hereby authorize the release of the follo	owing
CuStaSp	arrent year's report card andardized test scores	redits, with a key to your grading system modation plans, psychological evaluations	
Please	_	receive the above materials in order to dmissions process.	0
Please transf	Fer the following records at the end of the	he school year:	
	al transcript and full student file; alth and immunization records		
	Signature of Parent/Guardian	Date	
Please send	records to:		
Email:	admissions@bacards.org		
Fax:	507-334-3949		
Mail:	105 SW 3rd Ave; Faribault, MN :	55021	

PLEASE NOTE: Under the provision of the Family Educational and Privacy Act, 1974, it is not necessary to have written consent of parents to release records "to officials of other schools or school systems in which the student seeks or intends to enroll..."