



Beth Haven Baptist Academy

12400 S. Western Ave, OKC, OK 73170
405-691-6990

Date _____

School Name

Mailing Address

City and State

ZIP

Dear Counselor,

My child(ren) has (have) been withdrawn from your school. Please release their academic and health Records to the following school. Thank you.

Accepting School

School Name

Address

City and State

ZIP

Student name(s):

_____ Last, first	_____ Birth Date	_____ Grade level at withdrawal
_____ Last, first	_____ Birth Date	_____ Grade level at withdrawal
_____ Last, first	_____ Birth Date	_____ Grade level at withdrawal
_____ Last, first	_____ Birth Date	_____ Grade level at withdrawal
_____ Last, first	_____ Birth Date	_____ Grade level at withdrawal

Parent's Signature

or legal guardian

Principal's Signature

Date

Date