



Homeschool/ ISP Records/Forms Request Form

Please submit this form to: April Davis, Homeschool Coordinator at april.davis@mcstn.org or mail your request to:

Maryville Christian School
ATTN: April Davis
2525 Morganton Rd.
Maryville, TN 37801

Full name of student _____
Age _____ Birthdate _____ Home phone _____
Address _____
City _____ Zip _____

Please send the following:

- Certification of Compulsory School Attendance for learner's permit. (Valid for 30 days only).
- Letter of Reference and/or transcript for Auto Insurance discount
- Unofficial Transcript
- Official Transcript (with school seal)
- School Records to include: _____
- Other _____

How do you want to receive your requested records? (please check one and fill out additional information if needed)

- mail to my home address
- I will pick up my records at MCS office
- please mail a physical copy of my records to:

Name:	
Address:	
City, State, Zip	
ATTN:	

please email a copy to :

Email address:	
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please fax a copy of my records to: _____

Record Requested by:

Signature _____ date _____