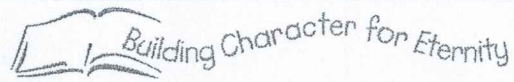


taylor mill
Christian Academy



Transcript Request Form

Name of transferring student: _____

Date: _____

Date of birth: _____

Home address: _____

Phone: _____

Former School Name & Address:

Please send the transcript and applicable student records for the above named student to:

Taylor Mill Christian Academy
Attention: Kelly A Gennick, Principal
5235 Taylor Mill Rd
Taylor Mill, KY 410153
Phone 859-431-9933
Fax 859-431-4907

Signed: _____

Parent/Guardian