Stetson Baptist Christian School

1025 W. Minnesota Avenue
DeLand, FL 32720
Phone: 386-734-7791

Request for Copies of Records

Dear Parent:

Please complete the top portion of this form and return it to Stetson Baptist Christian School.

Student Name _____ Current Grade _____

Parent/Guardian Name (printed) _____

Please read and sign the following statement:

I authorize the release of all records in my child's school file to Stetson Baptist Christian School.

Parent/Guardian Signature _____ Date _____

School Name _____ Records Email _____

Dear Registrar/Records Clerk:

The above-named student has applied to Stetson Baptist Christian School.

Please send all Student Records (including report cards), Discipline Records, Testing Results, Current Physical and Immunization Records etc., that will help assist us in the enrollment process by email to **admissions@sbcsed.org**

Please note this student's application and enrollment will not be considered complete without these records. Your prompt response will be greatly appreciated.