



New Harvest Christian School  
**Records Release Form**

Parents: Please fill out this form so we can get your student's academic record from his/her previous school. (Not needed for students entering K4 or K5)

Date \_\_\_\_\_

Previous School \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_ FAX # \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Dear Records Clerk:

Pursuant provision of the Federal Family Rights and Privacy Act (Buckley Amendment) of 1976 and California Education Code Section 49076, access to student records without written parental consent is permitted to school officials from school districts where the student intends to enroll.

Also pursuant to California Health and Safety Code Section 6070--School/Child Care Facility Immunization Record: (a) The governing authority of each school, child care center, day nursery, nursery school, family day care home or development center shall record each pupil's immunizations on the California School Immunization Record, PM 286 (1/02) and is in its entirety, incorporated by reference which, at kindergarten level and above, shall be part of the mandatory permanent pupil record as defined in Section 430 of Title 5, California Code of Regulations.

Accordingly, please send to our address the complete cumulative folder including the transcript of all grades, health records, and original California School Immunization Record (blue card), through date of withdrawal for the below named student who has recently enrolled in our school.

Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Please forward the records at your earliest convenience to:

**New Harvest Christian School**  
**723 South D Street**  
**Oxnard, CA 93030**

Thank you for your assistance and prompt attention to this matter.

*Carol M. Ford*

School Administrator