GRACE CHRISTIAN SCHOOL
of Temecula Valley
Private School Satellite

Student Education History

(One per enrolling student)

Full Student Name_____ **Date**_____, 20_____

Previous Schools (descending order) * Name, Address & Phone Contact Person	Dates Attended	Grades Completed	Reason for Leaving		For Office Use Only	
					Records Requested on: _____	Date Records Received: _____

*** Please be sure to check for correct address & contact information as not to delay processing of records request**