



# OAK GROVE

CLASSICAL CHRISTIAN SCHOOL

## Request for Forwarding Records

Please send a copy of all records for

Name of Student:

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Grade: \_\_\_\_\_

To:

Name of School:

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School Address:

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In making this request, I/we understand that records will only be sent if current financial obligations have been met at OGCCS.

Tuition contract has been honored:

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Administrator Signature

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Date

Oak Grove Classical Christian School  
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[www.oakgroveclassical.org](http://www.oakgroveclassical.org)