



VICTORY CHRISTIAN ACADEMY
THE CENTER FOR LUTHERAN EDUCATION



REQUEST FOR TRANSCRIPT

(Parent/Guardian: Please Deliver to Student's Former School)

TO: The Office of the Registrar (Former School)

School Name: _____

Address: _____

RE: Student: _____

Date of Birth: _____

This student is being considered for acceptance at Victory Christian Academy. Please send a complete transcript of work done at your school including the student's most current grades as soon as possible.

Thank you for sending these documents to Victory Christian Academy.

Please call me if you have any questions regarding the request of these documents.

Parent Signature

Phone Number



9-12 Grade: 810 Buena Vista Way ☩ Chula Vista, CA 91910-6853 ☩ 619-262-4444 ☩ Fax 619-872-0974

E-mail: scott.dufresne@lhssd.org ☩ Web: <http://www.victorysouthbay.org>

K-8 Grade: 497 "E" Street ☩ Chula Vista, CA 91910-2445 ☩ 619-420-6233

E-mail: bsanchez@pilgrimagev.org ☩ Web: <http://www.victorysouthbay.org>