



Eagle Country Christian Academy

Student Record Release

[2024-2025 School Year]

Date ____ - ____ - ____

TO: Releasing School Counselor

School Name _____

Address _____

City _____ State _____ Zip _____

Dear Counselor:

My child has been withdrawn from your school. Please release his/her Academic, Attendance, Testing, and Health/Immunization records to the following Church-School:

Conrad Johnson, Administrator
Eagle Country Christian Academy
P.O. Box 100
Remer, MN 56672-0100

Telephone Number -- (218) 566-3222
Fax Number -- NONE (Please Use Email)
Email Address -- ecca@wlmin.org

Thank you.

Signature of Requesting Parent/Guardian _____

Signature of Receiving ECCA Head of School _____

Student's Name _____		
(Last)	(First)	(Middle)
Student's Birth Date ____ / ____ / ____	Age _____	Gender _____
Grade Level at Withdrawal _____	Check One Below:	
	<input type="checkbox"/> Elementary School	<input type="checkbox"/> Middle School
	<input type="checkbox"/> Junior High School	<input type="checkbox"/> Senior High School

