

**Immanuel Christian School**  
**Request for Transcripts and/or High School Recommendations**  
*(Please allow 10 business days for processing of requests)*

**Transcript Request**  
*Please print legibly*

ICS Student: \_\_\_\_\_ **8A or 8B**      Date: \_\_\_\_\_

Request made by: \_\_\_\_\_ Parent Phone # \_\_\_\_\_

High School Name & Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

HS Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Admissions point of contact: (if known) \_\_\_\_\_

Admissions E-mail: \_\_\_\_\_

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

*Note: All transcripts/recommendations will be delivered electronically unless otherwise specified.*

**Recommendation Request**  
*Please print legibly*

This recommendation is for: \_\_\_\_\_ Private School Application      \_\_\_\_\_ AP/IB Application  
 \_\_\_\_\_ Honors Class in \_\_\_\_\_  
 \_\_\_\_\_ Other \_\_\_\_\_

Teacher Requesting Recommendation From	Subject	Recommendation Form Attached (Yes/No)

Principal/Counselor Recommendations are completed by the Middle School Principal, with teacher input where needed.

**Please note:**

- Complete this form and attach necessary forms before submitting.
- Submit **one** form for each school.
- Incomplete or missing data may delay the processing of your request.
- Each student is entitled to recommendations for **three** schools at no charge. There will be a \$20.00 processing fee for every request thereafter.

\_\_\_\_\_

Parent Signature