



WESLEYAN ACADEMY

Since 1955

II Timothy 2:15

Enrollment Certification Request Form

(Enrollment Certification requests may take up to 3 working days to process.)

Today's Date: _____

Please choose one: Current Student _____ Former Student: _____

Student Name on File: _____

First Name Last Name Mother's maiden Name

Current Grade (if applicable): _____ Account #: _____

Requested by: _____ Phone: (____) _____ - _____

Reason for Enrollment Certification Request: _____

PLEASE VISIT THE FOLLOWING OFFICES FOR APPROVAL:

Authorized signature certifies that the above student is in good standing and records may be released upon request.

Business Office _____ Date _____ Amount Paid \$ _____

Student Records _____ Date Prepared: _____

Received by (Name) _____ Sign: _____

Date: _____

Rev. January 2025

Accredited by the Middle States Association and the Association of Christian Schools International

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www.wesleyanacademy.org