



STUDENT RECORD RELEASE

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

The following children have been enrolled in our school. Please forward to City Christian Schools their academic, health, behavioral records, and any pertinent testing information that will benefit the students.

Student's name	Birthday	Grade entering
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Releasing school:

\_\_\_\_\_  
School name

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Receiving Principal

**To the releasing school:**  
If the entire transcript cannot be sent by mid-August, please mail or fax a copy of the students' immunization records and any nationally normed test results such as SAT, CAT, etc. *Thank you!*