



# CROSSROADS CHRISTIAN SCHOOL

P.O. Box 249 ♦ Henderson, NC 27536 ♦ (252) 431-1333 Office ♦ (252) 431-0333 Fax ♦ www.ccscolts.org

## RECORDS TRANSFER REQUEST

Student Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Grade applying for: \_\_\_\_\_

Name of Former School: \_\_\_\_\_

Address of School: \_\_\_\_\_

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

Principal: \_\_\_\_\_

School Phone: \_\_\_\_\_ School Fax #: \_\_\_\_\_

To whom it may concern,

My child has enrolled at Crossroads Christian School. Please forward Crossroads Christian School a complete academic file, including the following:

- Numerical academic grades/records including current grading period
- Current grade placement
- End of Grade test results
- Discipline report: Current status for student regarding suspension, expulsion, or felony charge
- Transcripts of grades prior to this school year
- Birth certificate
- Attendance records, including current year
- Standardized test records
- Any pertinent test scores (SAT, ACT, achievement, aptitude, competency, etc.)
- Health records (including immunization records)
- Any information related to child's educational planning (IEP, PEP, McKinney-Vento, psychological testing, etc.)
- Driver Education records

I hereby authorize school officials to release all student records/information (including confidential records) for the above named student to Crossroads Christian School. Thank you for your prompt attention to the above request.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian's Signature

The Admissions Office will request records of students accepted to CCS at the completion of the current school year.

Mid-Year Transfers – The Admissions Office will request records immediately after the student is accepted to CCS.