



CALHOUN
CHRISTIAN SCHOOL

20 S. Woodrow Avenue • Battle Creek, MI 49015 • 269-965-5560 • Fax 269-965-8038
www.calhounchristian.org

TRANSFER OF RECORDS FORM

School Name: _____

Address: _____

(City/State)

(Zip)

Please transfer the records of the student(s) listed below to the following address for purpose of enrollment. Please include grades, attendance, health records, test results of psychological testing, and key to grading system if not conventional.

Name of Student(s) **Grade** **Birthdate**

Please send records to: Calhoun Christian School
20 S. Woodrow Avenue
Battle Creek, MI 49015

Signature of Parent or Guardian