



CALHOUN CHRISTIAN SCHOOL

Academic excellence, upholding God's truth, challenging children to serve.

TRANSFER OF RECORDS FORM

School Name: _____

Address: _____

_____ (City/State) _____ (Zip)

Phone number: _____

Fax number: _____

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.

<u>Name of Student(s)</u>	<u>Grade</u>	<u>Birthdate</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Signature of Parent or Guardian