

CALVARY CHAPEL CHRISTIAN SCHOOL

Grizzly Academy Program



Records Information Request Form

Acct. # _____

Dear Parents:

Welcome to an exciting year at Calvary Chapel Christian School. As a new enrolling family, we will need to send for your child's last school records. Please furnish us with your child's information and the **name and address** of your child's last school.

Student Name _____ Age _____
(Please print)

Birth Date _____ Grade Entering _____

Previous School Name and Address:

School Name _____

Address _____

City _____ State _____ Zip Code _____

School Phone Number _____

Parent Name _____
(Please Print)

Parent's Signature _____

Parent's Home Phone (____) _____ Work (____) _____

CUM Request Form 09 10
Enrollment - db