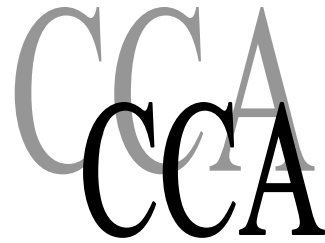


Central Christian Academy
1200 Hodges Ferry Road
Portsmouth, VA 23701
(757) 488-4477



STUDENT RECORD RELEASE FORM

Parent or Guardian, please complete the following information so that we may send for your child's school record. Return this form with the application to the Admissions Office at Central Christian Academy. Thank you.

STUDENT INFORMATION

Name _____ Date of Birth _____ Current Grade _____

Address _____
Street City State Zip Home Phone

School currently attending _____
Phone Number _____

Address _____
Street City State Zip

SCHOOL REQUEST

Principal or Guidance Counselor _____

PLEASE RELEASE OFFICIAL COPIES OF THE FOLLOWING INFORMATION:

- Scholastic Records (Include current year's grades)
- Standardized Test Records
- Discipline Records
- Health Records
- Any other pertinent information that would aid in evaluating his/her effort and cooperation

PLEASE HAVE QUALIFIED OFFICIAL COMPLETE AND RETURN THE ENCLOSED STUDENT DESCRIPTION FORM.

AUTHORIZATION STATEMENT AND SIGNATURE OF PARENT OR GUARDIAN

You are hereby authorized to furnish Central Christian Academy with my son/daughter's school record.

Date Signature of Parent or Guardian

Please mail all information to:
Admissions Office
Central Christian Academy
1200 Hodges Ferry Road
Portsmouth, VA 23701

Admissions Office: Telephone (757) 488-4477 · Fax (757) 488-4836