

Request for Release of Confidential Records For Students Applying to Community Christian School

Most Re	ecent School Attended				
School's	Address				
School's	Fax Number				
The fo	ollowing student has app	olied for admission to Con	ım unity Christian Sch	hool.	
Pleas	e forward all records, in	cluding the following:	•		
•	Attendance				
•	Grades (report cards and/o	r transcripts)			
•	Current class schedule with	transfer grades (if applicable	e)		
•	• Test scores (including any standardized testing)				
	Discipline records				
	Individualized Education I	·			
	Immunization record (GA	Form 3231)			
•	Birth certificate	- D-4-1 0 N-4-4	(CA E 2200)		
•	Certificate of vision, fream	ing, Dental & Nutrition scree	ming (GA Form 3300)		
Student	Name	Date of Birth	Current Grade	Grade while at th	
——————————————————————————————————————	Print Parent Name	Parent's Signature		te	

Please send documentation to the following:

records@communitychristianschool.net OR fax to the attention of Admissions, (770) 914-1217

Community Christian School School Office 2001 Jodeco Road Stockbridge, GA 30281

Phone: (678) 432-0191



