



Cornerstone Christian Academy
P.O. Box 1608
Bloomington, IL 61702-1608
(309) 662-9900

Request for Student Permanent Records

Date: _____

To: _____
School Most Recently Attended

Mailing Address

City State Zip

School Personnel:

I am in the process of enrolling my child(ren):

- | | |
|------------------------|------------------------|
| 1. _____
Name Grade | 3. _____
Name Grade |
| 2. _____
Name Grade | 4. _____
Name Grade |

in Cornerstone Christian Academy. I am authorizing release of all records and information to CCA and hereby request that they be sent within the next 10 days, including the following information:

- Academic Records
- Behavioral Records
- Speech Records
- Standardized Test Data
- Psychological and Other Testing
- Immunization Record/Form with Dates
- Transfer Record from Other School

Thank you.

Parent Signature

Please mail records to:

Cornerstone Christian Academy
Attention: Admissions
P.O. Box 1608
Bloomington, IL 61702-1608