



CENTRAL  
CHRISTIAN  
SCHOOL

**RETURN BY MAIL**

Central Christian School  
Attn: Amber Osner  
1910 E. 30th Ave.  
Hutchinson, KS 67502

**RETURN BY EMAIL**

aosner@cougarsccs.com

**RETURN BY FAX**

620-663-2176

**REQUEST FOR SCHOOL RECORDS**

SCHOOL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

Student name, \_\_\_\_\_, date of birth, \_\_\_\_\_, has applied for admission at Central Christian School. The records and information provided by this student indicate that your school was the last school in which he/she was enrolled.

**PLEASE SEND THE STUDENT'S CUMULATIVE FOLDER, INCLUDING A TRANSCRIPT OF GRADES OR ACADEMIC PLACEMENT AND PROGRESS, STANDARDIZED TEST SCORES, ATTENDANCE INFORMATION, HEALTH/IMMUNIZATION RECORDS, AND PSYCHOLOGICAL EVALUATIONS.**

I understand that I may choose to receive a copy of all the records or data to be released. It is understood that a charge MAY be made for any copy or reproduction of these records. I do not request a copy\_\_\_\_. I request a copy\_\_\_\_\_.

\_\_\_\_\_  
Printed name of parent, guardian, or eligible student or eligible former student\*

\_\_\_\_\_  
Signature of parent, guardian, or eligible student or eligible former student\*

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date)

\*An eligible student or eligible former student is one who is age eighteen or older.

**THIS SPACE FOR SCHOOL USE ONLY**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date request sent)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date request received)

REMARKS: