



COMMUNITY CHRISTIAN  
SCHOOL

## **TRANSCRIPT REQUEST**

Name of Student: \_\_\_\_\_  
Last Name First Name Middle I.

Date of Birth: \_\_\_\_\_

The student listed above has enrolled at Community Christian School. Please send the following information at your earliest convenience:

- Complete Transcript of School Records
- All Test Scores Available
- Health Records
- Athletic physical
- All Special Services information including the most recent I.E.P. and Assessment Summary
- Any other information that would help us in planning an education program for this student.

Thank you very much for your consideration in this matter.

Signed Authorization of Parent/Guardian: \_\_\_\_\_

Print Name \_\_\_\_\_

Name of Last School Attended: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

**NOTE: The Federal Register Volume 41, No. 118, Section 99.31, June 17, 1976, states: PRIOR CONSENT FOR DISCLOSURE NOT REQUIRED IF THE DISCLOSURE IS TO OFFICIALS OF ANOTHER SCHOOL OR SCHOOL SYSTEM IN WHICH THE STUDENT SEEKS OR INTENDS TO ENROLL.**

**Community Christian School**

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