

Crossroads Christian School

P.O. Box 295 / Crestview, FL 32536 /
Ccministries@cox.net
Florida Department of Education No. 461480

Request For Student Records

Former School's Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Name of Student: _____

Date of Birth: _____

Grade: _____

Please include:

- Up-to-date transcripts including dates of entry/withdrawal, grading scales, test scores, all subjects and grades to date of withdrawal (cumulative records).
- Any psychological or special placement data.
- Health records including physicals and immunization records or waivers as well as birth certificates.

Please send records to:
Crossroads Christian School
P.O. Box 295
Crestview, FL 32536

Parent Signature

Date

Registrar

Date