CCS | CINCINNATI CHRISTIAN SCHOOLS
Christ-Centered Quality Education

STUDENT TRANSFER AND RECORD RELEASE PERMISSION

Complete this form and return with application.
Student Records will be requested upon acceptance.

Student Name _____ Birth Date _____ Grade _____ School Year _____

School leaving _____ Phone _____ Fax Number _____

School address _____ City _____ State _____ Zip Code _____

Please send a copy of the following:

_____ All cumulative records/standardized test results (standard and confidential).

_____ All health and immunization records.

_____ Ohio proficiency test results.

_____ Other: _____

PLEASE MAIL TO:

Attention: Office of Admissions
Cincinnati Christian Schools, Inc.
7474 Morris Road
Fairfield, Ohio 45011

I consent to the release of the records indicated above to Cincinnati Christian Schools.

Signature of Parent/Legal Guardian/Adult Student _____ Date _____

Address _____ City _____ State _____ Zip Code _____

Records released to the person or agency listed above, are not to be released to another person or agency without the consent of the parent, legal guardian, or adult student. If copies of records are released to parents, legal guardians, or adult students, the school district is relieved of responsibility for confidentiality of those records.