

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

REQUEST FOR STUDENT PERMANENT RECORDS

D:			
	School Mos	st Recently Attended	
	Ma	iling Address	
City		State	Zip
chool Personnel:			
am in the process o	f enrolling my child(re	n):	
l		3	
Name	Grade	Name	Grade
Name	Grade	4 Name	Grade
Name Cornerstone Christiar	Grade n Academy. I am auth	Name orizing release of all reco	Grade rds and information to CCA
Name Cornerstone Christiar	Grade n Academy. I am auth y be sent within the n	Name	Grade rds and information to CCA
Name Cornerstone Christiar	Grade n Academy. I am auth y be sent within the n	Name Norizing release of all reco ext 10 days, including the academic Records ehavioral Records	Grade rds and information to CCA
Cornerstone Christiar	Grade n Academy. I am auth y be sent within the n B Sta	Name Norizing release of all reco ext 10 days, including the cademic Records ehavioral Records Speech Records ndardized Test Data	Grade rds and information to CCA
Name Cornerstone Christiar	Grade n Academy. I am auth y be sent within the n B Sta Psychol Med	Name Norizing release of all reco ext 10 days, including the cademic Records ehavioral Records Speech Records ndardized Test Data ogical and Other Testing dical/Health Records	Grade rds and information to CCA
Name Cornerstone Christiar	Grade n Academy. I am auth y be sent within the n B Sta Psychol Med	Name Norizing release of all reco ext 10 days, including the cademic Records ehavioral Records Speech Records ndardized Test Data ogical and Other Testing	Grade rds and information to CCA
Name Cornerstone Christiar	Grade n Academy. I am auth y be sent within the n B Sta Psychol Med	Name Norizing release of all reco ext 10 days, including the cademic Records ehavioral Records Speech Records ndardized Test Data ogical and Other Testing dical/Health Records	Grade rds and information to CCA
Name Cornerstone Christiar reby request that the	Grade n Academy. I am auth y be sent within the n B Sta Psychol Med	Name Norizing release of all reco ext 10 days, including the cademic Records ehavioral Records Speech Records ndardized Test Data ogical and Other Testing dical/Health Records	Grade rds and information to CCA
Name Cornerstone Christiar reby request that the	Grade n Academy. I am auth y be sent within the n B Sta Psychol Med	Name Norizing release of all reco ext 10 days, including the cademic Records ehavioral Records Speech Records ndardized Test Data ogical and Other Testing dical/Health Records	Grade rds and information to CCA
Name Cornerstone Christiar reby request that the	Grade n Academy. I am auth y be sent within the n B Sta Psychol Med	Name Norizing release of all reco ext 10 days, including the cademic Records ehavioral Records Speech Records ndardized Test Data ogical and Other Testing dical/Health Records	Grade rds and information to CCA

Cornerstone Christian Academy Attention: Admissions P.O. Box 1608 Bloomington, IL 61702-1608 FAX: 309-662-9904