



COMMUNITY CHRISTIAN SCHOOL

PO Box 780 • 2701 East Kenwood St • Siloam Springs, AR 72761

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EMAIL: info@ccs-siloam.com • WEBSITE: www.ccs-siloam.com

Student Records Release

Date _____

To Releasing School:

School Name

Address

City State Zip Code

My child(ren) has (have) been withdrawn from your school. Please release all pertinent academic and health records to Community Christian School, Siloam Springs, Arkansas. Amy Hodge, Principal, will act as primary contact person for CCS. Thank you.

Student Name(s)

(last name first)

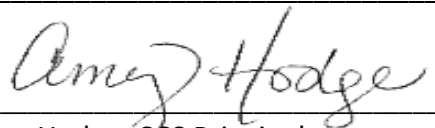
Age

Grade Level

(at time of withdrawal)

Student Name(s) <i>(last name first)</i>	Age	Grade Level <i>(at time of withdrawal)</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Requesting Parent/Guardian



Amy Hodge, CCS Principal