Central Kansas Christian Academy
Student Record Transfer

To:_____Date:_____
School

_____
Street

_____
City State Zip

From: Dottie Dozier, Principal

Regarding:_____
Name of Student Grade Date of Birth

It is requested that all records of the above -named student be forwarded to the school listed below. These records should include:

Academic records (including standardized test scores)
Health records (including imunization records)
Attendance records
Psychological records
Birth certificate and social security number
Other information helpful for educational placement

Please forward records to:

Central Kansas Christian Academy
215 McKinley
Great Bend, Kansas 67530
Phone: 620-792-3477
Fax:620-793-3438

** Signed_____Date:_____
Parent,Legal Guardian, or Eligible Student