



10550 Park Place
St. John, Indiana 46373

Tel: (219) 365-5694
Fax: (219) 365-5729

www.crownpointchristian.org

Dear Parent,

Please complete the below information and return to us so that we may request and obtain your child(ren)'s student prior school records.

To: _____
School Name

School Address

School City, State and Zip Code

School Telephone #: _____
(include area code)

School Fax #: _____
(include area code)

RE: Student Records for _____
Child's First & Last Name & School Years

Child's First & Last Name & School Years

REQUEST FOR STUDENT RECORDS

I have registered my child(ren) at Crown Point Christian School. Please forward my child(ren)'s cumulative record folder, including grades, standardized test data, and health records to Crown Point Christian School.

Thank you,

Parent Signature

Today's Date

Parent Printed Name