



CENTRAL KANSAS CHRISTIAN ACADEMY

Student Record Transfer

Principal - Sherry Pruter

To: _____

Date: _____

Address

City

State

Zip

Name of Student: _____

Grade: _____

DOB: _____

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 immunization 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 KS 67530

Phone:620-792--3477

Email: office@ckcacademy.com

Parent/Guardian Signature (below)

Date:
