



Cornerstone Christian Academy

Rebekah Gooslin—Administrator

25 Beech Creek P.O. Box 1093

Phelps, Kentucky 41553

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office@ccaphelps.org

Phone (606)-456-4400 Fax (606) 456-4447

Request for Educational Records

This form is to be used by the school of current attendance to request educational records from the school of previous enrollment.

_____ *Date*

_____ *School Last Attended*

_____ *Address*

_____ *City, State, Zip*

_____ *Parent/Guardian Signature*

Please send the educational records of the following student(s):

_____ *Student Name*

_____ *Grade*

_____ *Birthdate*

_____ *Student Name*

_____ *Grade*

_____ *Birthdate*

_____ *Student Name*

_____ *Grade*

_____ *Birthdate*

_____ *Student Name*

_____ *Grade*

_____ *Birthdate*

These records should be sent to the following address:

Cornerstone Christian Academy

P.O. Box 1093

Phelps, KY 41553

Phone # (606) 456-4400 Fax # (606) 456-4447

_____ *Administrator*