



Calvary Christian Academy

1771 East Palomar Street
 Chula Vista, CA 91913
 Phone (619) 591-2260; Fax (619) 591-2261
 www.ccaknights.com

Records Request/Change Form

PLEASE fill out top shaded/bolded portion of request.
 Allow 48 hours notice for completion of your request.

Student Name				Parent Name			
Grade: PK2 PK3 PK4 K 1 2 3 4 5 6 7 8 9 10 11 12				Date			
CONTACT CHANGE	Persons to be added to emergency contact form						
	Name		Home Phone		Cell/Work Phone		Relationship
Schedule Change/Withdrawal	PRE-SCHOOL ONLY						
	Original Schedule				New Schedule		
	Withdrawal Date: _____ <i>Note: A two week notice is required to withdraw your student.</i>				Reason: _____ Accounting: _____ _____		
Address / Phone Change	New Address				New Cell #:		
	City State Zip				New Work #:		
RECORDS REQUEST	What records for the above named student are you requesting? <input type="checkbox"/> Transcript <input type="checkbox"/> Report Card <input type="checkbox"/> Other _____				For Transcripts: <input type="checkbox"/> Official <input type="checkbox"/> Non Official <input type="checkbox"/> Address to send transcript to: <input type="checkbox"/> I will pick it up.		
					College Name		
					Street		
					City, State, Zip		
					Phone/Fax		
Signature of Requestor:							
Office Use Only							
Date:				Discount Type: _____			
Verified by:				Service Title: _____			
				Issue Date: _____			
				Expiration Date: _____			