

Transcript Release

For Applicants Entering Grades 1–8

Dear Parent or Guardian:

This form will be mailed to the school you cite below, but only after your child is officially admitted to Cherry Hills Christian Schools. If you are applying to enroll more than one child, you may list each additional child on this same form. Please fill out the form **completely** and submit it with your application.

Name of Your Child's Last School		School District	
Full Mailing Address		City	State Zip Code
Phone Number		Fax Number	
Student's Name		Student's Grade Level When Enrolled in That School	
Student's Name		Student's Grade Level When Enrolled in That School	
Student's Name		Student's Grade Level When Enrolled in That School	

I hereby permit, and request, you to transfer the individual academic records for each child named above to Cherry Hills Christian Schools, including cumulative health, scholastic and other pertinent records (including IEP, ILP, WISC, etc.).

Parent or Legal Guardian Signature Date

Parent or Legal Guardian Signature Date

Dear School Administrator:

Please submit the requested records to our Enrollment Department.
Thank you for your cooperation.



3900 Grace Boulevard
Highlands Ranch, Colorado 80126-7801

PHONE 303.791.5500
FAX 303-325.8132
WEB www.CherryHillsChristian.org
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