

REQUEST FOR STUDENT RECORDS

Cornerstone Christian School
34570 Monte Vista Drive
Wildomar, CA 92595
Office 951.674.9381
Fax 951.674.8462

**Parents: Please complete and return this form to Cornerstone Christian School.
Do not mail, fax, or hand carry to previous school.**

School: The parents/legal guardians of the student named below request that their child's complete official transcripts, health records, cumulative folder, test data, behavioral evaluations, behavioral reports and other pertinent records be forwarded to Cornerstone Christian School.

Thank you for your prompt response.

Student's First Name _____ Last Name _____ M.I. _____

Student's Date of Birth _____

School Last Attended: _____	Grade _____
Important: Phone Number of last school attended: _____	
Fax Number of last school attended: _____	

Signature—Father/Legal Guardian _____ Date _____

Signature—Mother/Legal Guardian _____ Date _____

Please forward complete records to:

Cornerstone Christian School
Attn: Registrar
34570 Monte Vista Drive
Wildomar, CA 92595

