

# Calvary Christian School

A Ministry of Calvary Baptist Church  
7570 15<sup>th</sup> Street Road Concord, Al 35023  
Email- calvaryathome@yahoo.com  
Phone# (205) 491-1885 Fax# (205) 491-1950

## Student Registration Form

Complete one per student

Previous School: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Student's Full Name \_\_\_\_\_ has enrolled in Calvary Christian School

in the \_\_\_\_\_ grade. Social Security# \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Please include all Cumulative Records, Transcript of all grades scale, Grades and Attendance at time of withdrawal, Immunization Form(s), Standardized Test Results and other information that would be helpful (i.e. special education records).

### *Release of Records*

\_\_\_\_ I, the undersigned, a parent or guardian of the child named above, hereby give permission for all records relating to the education of said student to be released to:

Calvary Christian School 7570 15 <sup>th</sup> Street Road Concord, Al 35023
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\_\_\_\_ I give the administration of the above stated school permission to discuss my child's academic experience with the staff of Calvary Christian School.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your attention and immediate response.

<p style="text-align: center;"><b>Office Use Only</b></p> <p>Date Sent ____ / ____ / ____ Initial _____</p>
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Sincerely,  
Jimmy King  
Administrator