



## Christ-Centered Academic Excellence

1202 N. Hutchinson Ave. \* Adel, GA 31620 \* Phone: 229-223-3000 \* Fax: 229-223-3028

Date: \_\_\_\_\_

To: Counselor or Registrar at: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

The following student: \_\_\_\_\_

has applied for admission in our school. Please release all records, including official transcript, birth certificate, immunization record, disciplinary record, attendance record and any other information that is available.

\_\_\_\_\_  
(birth date of student)

\_\_\_\_\_  
(current grade)

\_\_\_\_\_  
(last grade completed)

Sincerely,

\_\_\_\_\_  
(Administrative Assistant)

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Parent Phone #)