

CALVARY CHRISTIAN SCHOOL

885 E. VISTA WAY
VISTA, CA 92084
(760) 231-7993

I have recently enrolled my child(ren) in Calvary Christian School. In compliance with the Federal Educational and Privacy Act of 1974, I am requesting that you release to them all available cumulative records (health, pshychological and academic) for the following students:

Student's name	Grade level	Birth date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian signature

Please send all records to the attention of Cynthia Petersen. Thank you.

School name: _____

School address: _____
