

*Calvary Christian School
676 Lincoln Highway
Fairless Hills, PA 19030
(215) 736-2391
lindat@calvarychristianschool.org*



Record Release Form

Requesting records from:

School Name: _____
School Address: _____
City, State, Zip: _____

Date of Request: _____
Student Name: _____
Student Birthdate: _____

Please forward any appropriate records of _____,
to include, but not be limited to:

- † Health Assessments/Immunization records
- † *Report cards and progress reports
- † *Test results
- † *Results of IEP's and any other behavioral/academic assessment or remediation

This information should be forwarded at your earliest convenience to:

**Calvary Christian School
676 Lincoln Highway
Fairless Hills, PA 19030**

If you have any questions, please contact us at (215) 736-2391.
Thank you so much for your cooperation!

In Christ,

*Linda Thiboldeaux
Assistant Director*

Parent Signature & Date: _____