

CHRISTIAN PILGRIMS SCHOOLS, INTERNATIONAL

Request for Student Records

Name of previous school _____

Mailing address _____

City, State/Province _____

ZIP/Postal Code, Country _____

Dear _____:
(Name of Previous School Attended)

My Child, _____, previously enrolled in grade _____ in your school is now enrolled in Christian Pilgrims Schools, International. Thank you for the educational service you have previously provided to us. Please forward all cumulative academic and health records to CPSI at the address below:

Registrar
Christian Pilgrims Schools, International
P. O. Box 820
Springville, CA 93265

(Signature of Parent/Guardian)

(Date)