



Request for Transfer of Records

Name of Former School _____

Address _____ City _____ Zip _____

Principal _____

School Phone _____ School Fax _____

To Whom It May Concern:

The student named below has made application for admission to Calvary West Christian School. We would appreciate you promptly sending us the following:

- A final and complete transcript of grades
- A copy of the student's standardized testing results
- All health records, including immunization, vision and hearing tests
- A copy of the student's discipline file or acknowledge that the student does not have any discipline incidents of record
- All psychological reports, IEP's or SPED forms
- Completed recommendations forms from most recent English and Math teachers

Thank you for your assistance. IF you have any questions, Please contact our office at 575-589-1433.

Student's Full Name _____

Date of Birth _____ Applying for Grade _____

Signature of Parent/Guardian _____

Signature of CWCS Principal _____

Date of Request _____

Please return within the week to:

Calvary West Christian School, Attn: Registrar, 7048 McNutt Rd La Union, NM 88021

Phone: 575-589-1433

Preparing Christian Youth For Today's World