



Crosspoint Christian School

Post Office Box 100 • Villa Ridge, Missouri 63089 • Phone: 636.742.5380 • Fax: 636.742.5917
www.crosspointchristianschool.org • admin@crosspointchristianschool.org

AUTHORIZATION FOR RELEASE OF RECORDS

To be completed by applicant (please print):

Student's Name _____

Parent/Guardian _____

Address: _____

I hereby authorize _____
(last school attended)

Address: _____

To release all records to: Crosspoint Christian School
PO Box 100
Villa Ridge, MO 63089

Records requested:

_____ Immunization records _____ Birth certificate _____ Testing
_____ Discipline records _____ Latest report card _____ Transcript

If there is any reason you would refuse to re-enroll this student, please explain why in the space provided below:

Signature: _____
Parent/Guardian _____ Date _____