



**Fort Scott Christian Heights**  
STUDENT RECORD RELEASE



To releasing school: \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_  
School

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

Registrar:

The student below is enrolling in our school. To complete the process, please fax or email the following items:

1. Grades (Transcripts, Report Card)
2. Standardized Testing Results
3. Copy of Immunization
4. Copy of Birth Certificate
5. Social Security Number

Thank you,

Bethany Blubaugh, Registrar

Accepting School  
**Fort Scott Christian Heights**  
 1101 S. Barbee  
 Fort Scott, KS 66701  
**Phone: 620-223-4330 Fax: 620-223-2721**  
**Email: fschsec@gmail.com**

Students Name

(Last name, First name)

Age

Grade level at

time of withdrawal

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_  
Signature of Requesting Parent

\_\_\_\_\_  
Signature of Receiving Principal