



CALHOUN CHRISTIAN SCHOOL
Academic excellence, upholding God's truth, challenging children to serve.
Transfer of Records Form

Please complete this form and return to Calhoun Christian School

Former School Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone Number _____

Fax number _____

Name of Student(s)	Grade	Birthdate
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please mark below any applicable record(s) on file at their previous school, indicating which student(s):

- Individual Education Plan (IEP) / Service Plan _____
- 504 Plan _____
- Previous accommodations or modifications _____
- Any outside evaluations (psychological, behavioral, etc) _____

Signature of Parent/Guardian

OFFICE USE ONLY: Please transfer the records of the student(s) listed above to the following address for the purpose of enrollment. Please include grades, attendance, discipline records, health records, test results of psychological testing, and key to grading system if not conventional.

Please send records to:

Calhoun Christian School
 20 S. Woodrow Avenue
 Battle Creek, MI 49015
office@calhounchristian.org



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Affirmation of Prior Discipline Record

A willful false statement of this affirmation will result in a report to the appropriate authorities.

DIRECTIONS: Check the applicable paragraph, provide all appropriate information, sign this document, and return to Calhoun Christian School.

Paragraph 1:

The undersigned affirms that _____ **HAS NOT** been suspended or expelled from any public or private school in Michigan or any other state for an offense involving weapons, alcohol, or drugs, or for the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, or any school-sponsored activity, or on a public or private conveyance providing transportation to and from a school or school-sponsored activity.

Paragraph 2:

The undersigned affirms that _____ **HAS** been suspended or expelled from a public or private school in Michigan or another state for an offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, or any school-sponsored activity, or on a public or private conveyance providing transportation to and from a school or school-sponsored activity.

If you checked **Paragraph 2**, explain the circumstances in detail. Include the school name, dates of suspension or expulsion, and a detailed description of the incident giving rise to the suspension or expulsion.

Date _____ **Signature of Student and Parent** _____

Date Copy Sent for Verification: _____ *Initials of Calhoun Christian Staff Member:* _____

Name of Former School District: _____

Former School District – Please Check One: According to our records, we can verify that the information provided above by the student/parent **is correct.**

According to our records, we can verify that the information provided above by the student/parent **is not correct.**

If the student has been involved in offenses involving weapons, alcohol, drugs or willful infliction of injury to persons or an act of violence against persons and/or property committed on school premises, at a school-sponsored activity, or on a public or private conveyance providing transportation to or from a school or school-sponsored activity, please forward appropriate disciplinary documentation to the address above. Thank you for your cooperation.

Date _____ **Signature of Former School District Administrator** _____ **Title** _____