

CHARITY CHRISTIAN ACADEMY  
7706 W. Illinois Ave.  
Hutchinson, KS 67501

Dear Counselor:

My children have been withdrawn from your school. Please release their academic and health records to this school. Thank you.

Student's Name (s)	Age	Grade at time of withdrawal
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Releasing School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

\_\_\_\_\_  
(signature of parent/guardian)

\_\_\_\_\_  
(signature of receiving school official)