



CHRISTIAN ACADEMY OF WESTERN NEW YORK

RECORDS REQUEST

Current School Name: _____

Address: _____

ATTENTION: OFFICE OF ACADEMIC RECORDS

Date: _____

TO WHOM IT MAY CONCERN:

Name: _____ Entering grade: _____

is in the process of enrolling in our school. Please forward the following information:

____ Complete school records, including attendance, academic transcripts/report cards, and immunization records.
Number of science labs completed (if applicable) and exit grades.

____ Committee on Special Education materials, which may include CSE determination; the results of educational testing, including psychological, speech testing, etc., and Phase I and/or Phase II Individual Education Plans (IEP or 504).

to: **Christian Academy of Western New York**
789 Gilmore Avenue
North Tonawanda, New York 14120
Attention: Main Office
Email: mainoffice@cawny.com
Phone: 716-433-1652

Thank you in advance for your cooperation in this matter.

Parent Signature

Date: _____