



CORNERSTONE CHRISTIAN SCHOOL

Jeannette Rosa-Sanchez, MS, LMSW
Principal

384 New Hempstead Road
New City, N.Y. 10956
(845) 637-3439 Fax (845) 634-1885
www.ccsny.org

Release of Records and Information

Date: _____

Administration Office,

Student _____ Current Grade _____

The student named above is currently applying to Cornerstone Christian School. Please release a copy of the student's academic records, test results, attendance records, health records, psychological, speech and any pertinent information that may help us in the academic placement of this student.

Information may be submitted any of the following ways:

EMAIL CCSOFFICE@CCSNY.ORG

MAIL to the following address:

**Cornerstone Christian School
Office of Admissions
384 New Hempstead Road
New City, N.Y. 10956**

FAX 845-634-1885

Thank you for your prompt attention to this matter.

Sincerely,

*Jeannette Rosa-Sanchez
Principal*

Parent Signature Release of Records & Information Statement

I hereby grant permission for all school records: academic, medical, psychological, speech or other related school services to be released to Cornerstone Christian School.

_____/_____/_____
Parent/Guardian (Please Print) Parent/Guardian Signature Date

“Children...showing aptitude for every kind of learning, well informed, quick to understand, and qualified to serve in the King's palace.” Daniel 1:4 NIV