



**Ark City Christian Academy**  
**Records Release Form**  
 P.O. Box 1181 / 901 N. 5th Street  
 Arkansas City, KS 67005  
 620-442-0022  
 schooloffice@accaschool.org

Dear Registrar:

The following student(s) have applied for admission at Ark City Christian Academy, Inc. Please release their **academic, health and all pertinent records to the receiving school.**

STUDENT NAME	AGE	S.S. # OR I.D. #	GRADE

**RELEASING SCHOOL**

\_\_\_\_\_  
 SCHOOL

\_\_\_\_\_  
 ADDRESS

\_\_\_\_\_  
 CITY            STATE            ZIP

\_\_\_\_\_  
 Parent / Legal Guardian Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date

**RECEIVING SCHOOL**

Ark City Christian Academy, Inc.  
 P.O. Box 1181  
 Arkansas City, KS 67005  
 fax: 620-442-0034  
 schooloffice@accaschool.org

\_\_\_\_\_  
 Signature from Receiving School