



# KENNESAW CHARTER SCIENCE AND MATH ACADEMY

## STUDENT RECORDS REQUEST

Please use a separate form for each child (20 cents per page copy cost).

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**Student Name**

**Grade**

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**Teacher**

**Please check record(s) needed:**

\_\_\_\_\_ Birth Certificate

\_\_\_\_\_ Immunization Records

\_\_\_\_\_ Social Security Card

\_\_\_\_\_ Vision-Hearing-Dental Form

\_\_\_\_\_ Report Cards (circle applicable years) K 1 2 3 4 5

\_\_\_\_\_ Test Scores (indicate which tests below)

\_\_\_\_\_ GKIDS Kindergarten Assessment

\_\_\_\_\_ ITBS (circle applicable years) 1 2 3 4 5

\_\_\_\_\_ CRCT (circle applicable years) 1 2 3 4 5

\_\_\_\_\_ Milestones (circle applicable years) 3 4 5

\_\_\_\_\_ Other (please specify below)

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**Parent Name**

**Phone Number**

**OFFICE USE:**

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**Total Cost**

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**Date Called**

Revised 8/1/15