



Kennesaw Charter Science and Math Academy

Student Records Request

Please use a separate form for each child

20 cents per page copy cost

Student Name

Teacher

Please check record(s) needed:

- Birth Certificate
- Social Security Card
- Immunization Records
- Vision - Hearing - Dental Form
- Report Cards (circle applicable years) K 1 2 3 4 5 6
- Test Scores (indicate which tests below)
 - GKIDS Kindergarten Assessment
 - ITBS (circle applicable years) 1 2 3 4 5 6
 - CRCT (circle applicable years) 1 2 3 4 5 6
 - GA Writing Assessment (circle applicable years) 3 5
- Other (please specify below)

Parent Name

Phone Number

Signature

Date

Office Use:

Total Cost: _____

Date Called: _____