

Calvary Baptist Ministries

P.O. Box 834
Eufaula, Oklahoma 74432
918-689-9403

Dear Parent: The following pages include:

1. Information letter
2. 2-page application
3. Special Interview page
4. Special Information page that needs to be “OK’d” by each item
5. Medical History form that needs to be filled out completely. (If info. is not known, please put N/A by item.)
6. “Consent” form that needs to be filled out and notarized.
7. “Approximate Clothing Costs & Miscellaneous Needs” page
8. Map from the Tulsa Airport to our ministry location
9. Medical Physical form. Each resident is required to have a physical exam completed within the last 30 days. We will need the physical form returned to us, as well as the results of two blood tests; an “HIV” test, and a “Sexually Transmitted Disease” test. If you prefer, the physical exam and blood tests can be obtained here locally for about \$80.00.
10. “Goals for Achieving God’s Plan”. Please read this form. It will be filled out and completed at the time of the interview.
11. Instructions for Interstate Compact. (*Required for all out-of-state students*)
12. Interstate Compact form – Please fill out and bring to the interview
13. Student Record Release Form (For Calvary Christian Academy)

Fill out each form completely and then bring them with you when you come for the interview.

Calvary Christian Academy requests that you bring all current school records. If your son has been home-schooled, please have your son’s grades in an “official” looking format. The courses should be listed giving: 1. Year taken, 2. Subject, and 3. Grade.

We will also need a letter from the boy’s dentist stating that he has had a checkup in the last 90 days. If a checkup has not been (or cannot be) obtained with your family dentist, we can help him get one here locally for about \$20.00.

You will need to **bring a copy** of your son’s current immunization record.

We would appreciate your consideration of our dress policy while you come for the interview, as well as other visits to our grounds. This would include ladies wearing dresses/skirts & blouses and men wearing full length jeans/slacks and regular shirts. (No shorts or tank tops.)

Sincerely,

Bro. JR McDonald

PS: These forms were produced on Microsoft Word. If they do not print out properly, let me know.

Calvary Baptist Ministries

P.O. Box 834
Eufaula, Oklahoma 74432
918-689-9403

Dear Parent:

Thank you for your inquiry. Our ministry for boys, ages 13-18 yrs, which is called Calvary Christian Boarding Academy, has been in operation for over 31 years. We have been privileged to see hundreds of young men come through the program and end up becoming productive citizens.

As a Christian ministry we do not allow any alcoholic beverages, drugs or tobacco products. Our goal is to provide a quality Christian education that helps young men develop mentally, physically, as well as spiritually. We have an open-dormitory type setting, which will house between 30-40 boys.

Each potential resident (and parent/guardian) is required to complete a 1-2 hour interview after which a decision will be made about acceptance. The young man will have to agree to abide by all of our rules, as well as stay a minimum of one year.

Our facility is on the south side of Hwy #150, which is located 5 miles north and $\frac{3}{4}$ miles west of Eufaula, Oklahoma. We trust this information is helpful. If you have any other questions or would like to contact us, feel free to call 918-689-9403.

Sincerely,

Bro. JR McDonald
Ranch Foreman

Application for admission to

Calvary Christian Boarding Academy

Eufaula, Oklahoma

Please complete entire application

Please attach photo here

Application is being made for admission beginning _____

Application is hereby made for the admission of: Social Security # _____

1. Name _____ Age _____
Name in full

2. Date of Birth _____ U.S. Citizen(Yes/No) _____ Place of Birth _____

3. Height _____ Weight _____ Name which applicant prefers _____

4. Name of father or guardian _____
First Middle Last

A. Resident Address _____
Street City State & Zip Code

B. Business Address _____
Street City State & Zip Code

C. Occupation _____ E-Mail _____

Tel. No. (____) _____ (____) _____ (____) _____
Area Code Home Area Code Business Area Code Cell

5. Name of mother or guardian _____
First Middle Last

A. Resident Address _____
(if other than 4-A) Street City State & Zip Code

B. Business Address _____
Street City State & Zip Code

C. Occupation _____ E-Mail _____

Tel. No. (____) _____ (____) _____ (____) _____
Area Code Home Area Code Business Area Code Cell

6. In case of emergency contact (other then parent) _____ Phone _____

7. Church affiliation of family _____ Is applicant a member (Yes/No) _____

Pastor's Name _____ Phone _____

8. Are both of applicant's parents living? (Yes/No) _____

9. Applicant's brothers/sisters and their ages: _____

10. Last school attended: _____

A. Address _____
Street City State Zip

B. Name of Principal or teacher _____

11. Was applicant honorably released? (Yes/No) _____ Applicant's current grade in school _____

12. The quality of applicant's schoolwork is ____ Excellent ____ Good ____ Fair ____ Poor (select one)

13. Does applicant play musical/band instrument? (Yes/No) ____ If so, what kind? _____

14. List sports, hobbies or other activities in which applicant is interested:

Sports

Hobbies

Other Activities

15. Family activities applicant enjoys most: _____

16. List close relatives/guardians and describe the relationship to applicant: (example "Sue Jones - Sister - is very close to" or "Sarah Smith - Grandmother-lives in another state and seldom has contact with)

17. Reason for applying to Boarding Academy and problems student has been having? (at school, home, etc.)

18. Any previous placements? (Such as group homes, etc. - including any Mental Health Facilities)

19. Please use this space to describe why you feel your child would benefit from being a student at Calvary Christian Boarding Academy.

AGREEMENTS PURSUANT TO THIS APPLICATION

Applicants are admitted only on the express condition that they shall remain at the school, unless suspended or allowed to withdraw because of sustained illness. The parent or guardian agrees that in the event the student leaves the school, no part of the fees already paid shall be refunded or remitted.

Calvary Christian Boarding Academy encourages parents to maintain contact with their son while at the Academy. We recommend parents speak with their son on the phone each week, write at least once a week and come for a visit every month. (Parents from out of state are encouraged to visit as often as possible.) Each student is required to write home once a week.

I agree to read the "Parent Handbook" received today. If I have any questions about the rules listed in the handbook, I will contact the Academy within 10 days to discuss my concerns. As a parent/guardian I agree to abide by all of the rules listed in the handbook and agree to support Calvary Christian Boarding Academy with my prayers.

I also agree to pay the monetary support of \$ _____ per month for the boarding of this student and will make sure the Academy receives the payment on or before the _____ day of each month.

Accepted: _____ Signature of Father/Guardian _____
School Official

Date: _____ Signature of Mother/Guardian _____

Grievance Policy: Many students, not yet reaching their full level of maturity and character, are known to exaggerate circumstances including some incidents involving correction. If an individual has a problem with another student or a staff member, the incident in question should be brought to the attention of one of the senior staff, which includes Dr. Jerry McDonald, Bro. Tim Knight, Bro. Jerry McDonald, JR, Bro. Dale Collins, or Bro David Bahre. Incidents will be checked out thoroughly and handled accordingly. All incidents determined to be a major problem will be taken directly to the director.

If a student wishes to file a grievance with the Academy office, a grievance form can be obtained from your personal staff counselor. Your parents will then be required to come to the Academy within seven days to help resolve the issue.

Applicant must read policy and sign. _____

Calvary Baptist Ministries
Calvary Christian Boarding Academy
Eufaula, Oklahoma

Parent's Name _____

Child's Name _____

Date _____

I hereby specifically direct that my child shall not be interviewed or questioned by anyone outside the staff of the Calvary Baptist Ministries without my presence and/or consent. I reserve the right to appoint a representative to act in my stead if I am physically unable to be present for such interview or questioning.

I may be reached at the following telephone numbers, 24 hours per day, for such purposes:

Parent's Signature

Special Information
Calvary Christian Boarding Academy

_____ Letter Each student at the Academy will be required to turn in a letter each week as part of their English program. We will be working on penmanship, neatness and letter form. We need every parent to send us a list of people you would like for your son to receive letters from. The reason for this is that several have already mentioned that there are certain people that they do not want their son to correspond with. I think that this involved the wrong kind of friends and I personally think that this is a wise decision. Please send this list as soon as possible.

_____ Students Personal Cash Because of comments made by several parents during orientation, we will sit up a special Student Bank. Several have commented that they feel that it would not be good for their son to carry cash. The Student Bank program will also work out good with our Academy program. The students will learn some real important lessons about keeping track of a checkbook.

_____ Boarding Fees I have been asked if the boarding fees that you have agreed to pay to the Calvary Baptist Ministries is tax-deductible. I do not think so, but you may want to check with your tax-person.

_____ Phone Calls Times for calling are listed in the Parent Handbook. Some parents have said that they would rather call than have their son call collect because it is cheaper for the parent to call. This is fine. It would be good for us to know when you choose to call so that your son will know when to be around the phone each week or whenever you call. Please limit calls to 10 minutes. We only have one phone line at the dorm.

_____ Visitation Policy Calvary Christian Boarding Academy encourages parents to maintain contact with their student while he is at the Academy. We recommend parents speak with their son on the phone each week, write at least once a week and come for a visit every month or two. Each student is required to write home once a week.

_____ Required Clothing All required clothing should be paid for by the parent/guardian upon enrollment. If later on extra clothes are needed, the Academy staff would be glad to pick up the clothes your son needs and bill you for them. This will include boots.

_____ Fundraising Since we are a tuition free school and since we are keeping the boarding fee as low as we can possibly keep it, would you give the Academy permission to use your son to help with fund raisers? This would be strictly on a voluntary basis and the student would still be able to get the required amount of Paces done. No student that is behind in their work would be able to help with these programs during school hours.

_____ Out of State Trips Occasional trips are taken to out-of-state locations for Basketball Games, Church Services, Gospel Concerts or Fund Raising, etc. These trips do not occur often; however, they may require a student to have extra money for personal expenses. If a student is eligible for a trip, he will be given advance notice of any extra financial need.

If you are in agreement with each of the subjects underlined, please place OK beside the underlined subject and sign below.

Parent's Signature

Calvary Christian Boarding Academy

Students Medical History

Student's Name _____ Sex _____ Race _____ Birth date _____

A. Family History

Family Member	Birth date	Cause/Date of Death	Medical History
Father	_____	_____	_____
Mother	_____	_____	_____
Siblings:	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Developmental History

Birth Weight _____ gms _____ lbs _____ oz; Length at birth _____ cms _____ in. PKU: _____ Apgar: _____
 Term of Pregnancy _____ weeks; Delivery _____
 First tooth at _____ months; Sat alone at _____ months; Walked alone at _____ months
 Talked at _____ months; Toilet trained at _____ months

C. Health History (Check any illness/condition the child has/had and indicate child's age at onset, if known)

Whooping Cough _____ Diphtheria _____ Diurnal Enuresis _____
 Mumps _____ Otitis _____ Nocturnal Enuresis _____
 Measles (Rubeola) _____ Convulsions _____ Diarrhea _____
 Rubella _____ Seizures _____ Constipation _____
 Chicken Pox _____ Frequent Colds _____ Irregular Sleep _____
 Scarlet Fever _____ Asthma _____
 Rheumatic Fever _____ Hay Fever _____
 Tonsillitis _____ Poor Appetite _____
 Growth regular? If no, explain: _____
 Sudden/unexplained weight loss/gain? If yes, explain _____
 Operations, accidents, injuries: _____
 Allergies _____; Blood Group _____ RH Factor _____

D. Immunizations and Tests

	Vaccine	Date	Date	Date	Test	Date	Result	Date	Result
DPT					Audiometer				
DPT Booster					Vision				
DT					Tuberculin				
Tetanus Only					VDRL				
Polio – OPV					Sickle Cell				
Rubella									
Rubeola									
Mumps									

E. Behavior _____

F. Care Instructions

Feeding _____
 Medication _____

Prepared by _____ Date _____ County _____

STATE OF _____

COUNTY OF _____

CONSENT OF PARENT OR GUARDIAN

I, _____, as parent or legal guardian for
_____, do hereby agree to the following:

I agree that I will hold harmless and not bring suit against Calvary Baptist Ministries and its ministries, or its agents or employees for any injury, harm or other dangers whether caused by its agents, employees, or by third parties, nor will any action be brought for the acts of the child named above.

This consent authorizes the use of pictures of said child for the promotion of Calvary Baptist Ministries.

This consent also authorizes the release of school information pertaining to said child to Calvary Baptist Ministries for its private use and evaluation.

I further consent that the authorities of Calvary Baptist Ministries may provide for examination and/or diagnostic procedures and may provide emergency surgery, counseling services and/or medical or dental treatment or administration of necessary anesthetics, when in the opinion of any physician or surgeon of good standing such examination, diagnostic procedures, emergency surgery, administration of anesthetics or medical treatment is necessary for the mental or physical health of said child.

Furthermore, I hereby assume full responsibility for the total cost of any emergency, medical or dental needs listed above. Also, I give my permission for the additional dispensing of medicines, prescribed or otherwise needed, as the school deems necessary.

Signature of parent/guardian

Date

Sworn To and Subscribed Before Me,
This the ____ Day of _____, 20_____

Notary

Clothing & Miscellaneous Needs

(These costs are approximate and may not take into account recent cost increases.)

Clothing

2 Pair of slacks @ \$24.99 each-----	\$ 50.00
(100% Polyester Blue "Wrangler" Western Slacks)	
1 White Western Shirt @ \$20.00 -----	20.00
2 Blue "Polo" type shirts with collars @ \$10.00 each----	(Available at Academy)
2 Red "Polo" type shirts with collars @ \$10.00 each----	(Available at Academy)
1 Tie for Chapel-----	10.00
1 Western Belt and Buckle-----	20.00
1 Pair of Western Boots-----	65.00
(must be pull-on type, no lace up boots)	

Miscellaneous

Medical Physical-----	\$ 50.00
(Must be a complete physical exam, using form obtained from the Academy, and two blood tests.)	
Dental Checkup -----	20.00
Foot Locker-----	45.00
Approximate Costs-----	\$ 320.00

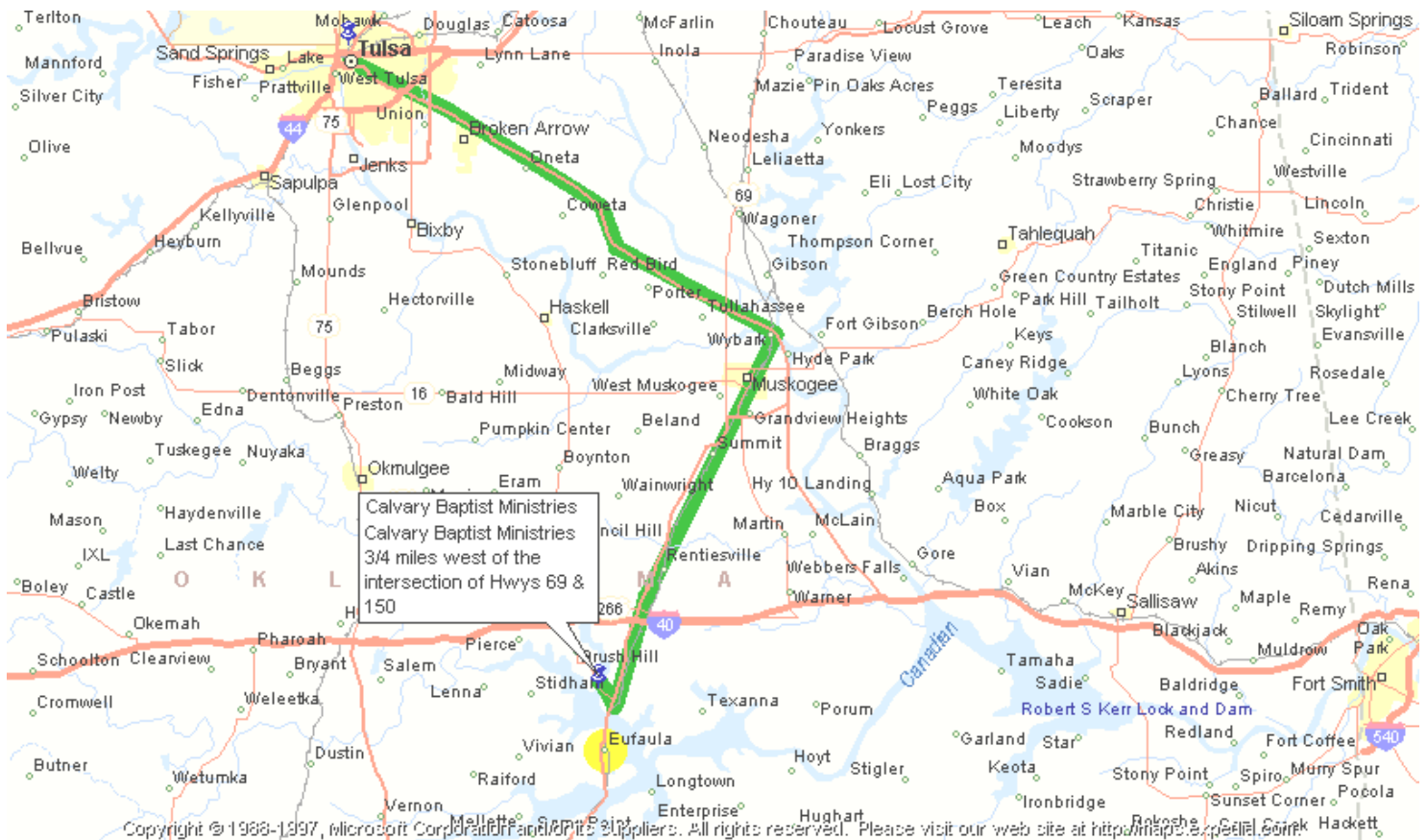
Additional Items Needed

- 1 Pair (minimum) of "Slicks" for gymnasium (also called "wind pants")
- 1 Pair of Tennis shoes for the Basketball court
- 5 Pairs (minimum) of crew or tube socks (no ankle socks)
- 5 pairs (minimum) of briefs (full cut) or boxer shorts.
- 3 pairs (minimum) of Blue jeans - should be boot cut or western cut (no acid washed or stonewashed)
- T-shirts and/or pullover shirts for work and free time
- Tennis shoes or work boots for free time
- Personal items such as toothbrush, toothpaste, deodorant, comb, writing paper and envelopes, pen and pencils.
- Personal spending money - around \$25.00 per month
- King James Version Bible

Directions to
Calvary Baptist Ministries
Eufaula, Oklahoma 74432
918-689-9403

From Tulsa Airport - Take Hwy 11 East, to Hwy 169 South, to Hwy 51 East, to Hwy 69 South, to Hwy 150 West, $\frac{3}{4}$ of a mile. Calvary Baptist Ministries is located on the south side of the road.

From Oklahoma City Airport – Go North on Meridian Ave to I-40, east on I-40 about 120 miles to Hwy 69, go south 7 miles to Hwy 150, then go west $\frac{3}{4}$ of a mile. Calvary Baptist Ministries is located on the south side of the road.



DATE OF EXAM _____

Report of Physical Examination

Student's Name _____ Birthdate _____

Height	
Weight	
Temperature	
Blood Pressure	
Presenting Complaint, if any	
Head Measurement of Infant	
Skin	
Scalp	
Eyes -	Rt. Lft.
Vision w/o Glasses	Rt. Lft.
Vision w/ Glasses	
Pupillary Reaction	
Eyegrounds	
Other	
Ears -	Rt. Lft.
Otoscopic	
Hearing	
Other	
Nose	
Teeth -	
Number	
Condition	
Occlusion	
Other	
Throat -	
Pharynx	
Tonsils	
Adenoids	
Glands	
Thyroid	
Chest	
Heart	
Lungs	
Abdomen	
Secondary Sex Characteristics	
Genitals	
Menstrual History Since Last Visit (Adolescent Girls)	
Deep Reflexes	
Superficial Reflexes	
Extremities	
Feet	
Spine	
Posture	
Nutrition	
Signs of Endocrine Imbalance	
Signs of Vasomotor Instability	
Other	
UA -	Color, Reaction, Sp. G.
	Sugar, Albumin, Micros.
Blood Hemoglobin, Count, etc.	
Other Tests	
Impressions and Advice	
Physician's Signature	

Goals for Achieving God's Plan

Student's Name

The desire of Calvary Christian Boarding Academy is to provide a Christian environment that nurtures Christian values such as: respect for authority, Christian manhood, Biblical self-image and Christian service. This form lists the "goals" that will be pursued to help this individual develop to his fullest academic, physical and spiritual potential. Also listed is how these goals will be implemented.

1. Education: Each student will attend Calvary Christian Academy, a K -12th grade private Christian school. New students will be given diagnostic tests. The results of these tests, plus a review of any previous school's records, will determine the courses that a student will take. Each person will be challenged to develop to his fullest potential.

2. Learning Responsibility: The Academy uses the Scriptural principle of "whatsoever thy hand findeth to do, do it with all thy might". Whether in the classroom or out, on the basketball court or during housekeeping chores, each student is taught to take responsibility for the task at hand and to do it properly.

3. Provide Food/Shelter: All students are housed in an open-dormitory setting which includes clean restroom and bathing facilities. Nutritious breakfast, lunch and dinner meals are served in the dining room along with an evening snack.

4. Religious: All students attend Calvary Baptist Church, on which grounds the Academy is located. Regular Sunday and Wednesday night services are conducted as well as various revival and camp meetings that each student attends. Morning and evening devotions are also held, as well as Scriptural teaching in the Christian school.

5. Special Needs: The Academy strives to work with students and their particular needs. These range from extra reading programs, individualized school curriculum and "one on one" assistance from the teachers and academy staff inside the classroom. We can also accommodate some special physical needs such as "asthma" inhalers, diet restrictions or trips to dental professionals for help with braces, etc. Each special need must be discussed with the Academy staff prior to acceptance.

Goals needed to achieve for completion: (Goals for Discharge)

1 Scriptural Values are becoming evident.

(Romans 14:1; Micah 6:8; I Corinthians 6:9-12, 19-20; I Corinthians 16:13-14)

2. Academic Progress – *He will be enrolled in Calvary Christian Academy, which emphasizes diagnostic testing, individualized instruction, high academics and Biblical standards of values and dress.*

3. Length of Stay - *He may be encouraged to stay longer than one year, if necessary.*

4. Specific needs to be addressed: _____

While here at Calvary, he will be required to attend school regularly and complete normal amounts of course work each week. He will receive counseling to help him see the need for a high school education. He will also receive help on acting responsibly, learning to do what he is told, as well as helping instill Christian character in his life.

5. Plans for student after leaving the Academy – *The goal is for this student to return home after leaving the Academy.*

6. Parent Acknowledgement - *I have discussed my son's needs with the staff and have participated in this "Goals For Achieving God's Plan"*

Parent/Guardian _____ Student _____
School Official _____ Date _____

Calvary Christian Boarding Academy
For Parents that live Out-of-State

Dear Parent: Please read and fill in the following information.

For over 30 years there have been agencies in each state that oversee the placement of children that go from one state to another. This was designed to insure that the needs of these young people would be taken care of when they move outside of their home state. This is called, "The Interstate Compact on the Placement of Children".

Only recently has this applied to boarding academies such as ours. In order for a parent to place a boy in our ministry, a one-page form needs to be filled out and submitted to the Interstate Compact Office - both in the state that you live in as well as in Oklahoma. The process is not complicated and we have filled out some of the one-page forms that are enclosed with this email. We need you to fill in the following areas in the accompanying pages. After this is filled in and you have faxed it back to us, we will take care of everything else.

The following are the areas that need to be filled out in the enclosed form.
(Form ICPC 100A)

Section I (Fill in ONLY items mentioned below) Leave other areas BLANK.

Line One - **Write or type name of son.**

Line One, right hand section – Place "X" on Origin (Nationality)

Line Two – Write or type Social Security number

Line Three - Write or type Date of Birth

Line Four – Write or type Mother and Father's name

Line Five – Write or type whichever parent is most responsible for child and phone #.

Line Six – Write or type Parent's address

Section III (Fill in ONLY items mentioned below.) Leave other areas BLANK.

Line Two – Write or type name of parent responsible (as is Line Five above).

Line Four – Parents needs to SIGN here and put current date.

After the above items are filled out, fax this back to us at 918-689-4789. If you have any questions, feel free to contact me.

Sincerely,

Bro. Tim Knight

Bro. Tim Knight
Superintendent

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REQUEST

TO:

FROM:

SECTION I - IDENTIFYING DATA			
Notice is given of intent to place - Name of Child:		Ethnicity: Hispanic Origin: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to determine/unknown	
Social Security Number	ICWA Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White	
Sex: Male	Date of Birth:	Title IV-E determination <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	
Name of Mother:		Name of Father:	
Name of Agency or Person Responsible for Planning for Child:			Phone:
Address:			
Name of Agency or Person Financially Responsible for Child: Same as Above			Phone:
Address: Same as Above			
SECTION II - PLACEMENT INFORMATION			
Name of Person(s) or Facility Child is to be placed with: Calvary Christian Boarding Academy			Soc Sec # (optional): Soc Sec # (optional):
Address: P.O. Box 834, Eufaula, Oklahoma 74432			Phone: 918-689-9403
Type of Care Requested:		Relationship:	
<input type="checkbox"/> Foster Family Home	<input type="checkbox"/> Residential Treatment Center	<input type="checkbox"/> Parent <input type="checkbox"/> Relative (Not Parent)	
<input type="checkbox"/> Group Home Care	<input type="checkbox"/> Institutional Care-Article VI, Adjudicated Delinquent	Boarding Academy	
<input type="checkbox"/> Child Caring Institution		<input checked="" type="checkbox"/> Other:	
Current Legal Status of Child:		ADoption	
<input type="checkbox"/> Sending Agency Custody/Guardianship	<input type="checkbox"/> Protective Supervision	<input type="checkbox"/> IV-E Subsidy <input type="checkbox"/> Non IV-E Subsidy	
<input checked="" type="checkbox"/> Parent Relative Custody/Guardianship	<input type="checkbox"/> Parental Rights Terminated-Right to Place for Adoption	To Be Finalized In:	
<input type="checkbox"/> Court Jurisdiction Only	<input type="checkbox"/> Unaccompanied Refugee Minor	<input type="checkbox"/> Sending State <input type="checkbox"/> Receiving State	
	<input type="checkbox"/> Other:		
SECTION III - SERVICES REQUESTED			
Initial Report Requested (if applicable):		Supervisory Services Requested:	Supervisory Reports Requested:
<input type="checkbox"/> Parent Home Study <input type="checkbox"/> Relative Home Study <input type="checkbox"/> Adoptive Home Study <input type="checkbox"/> Foster Home Study		<input type="checkbox"/> Request Receiving State to Arrange Supervision <input type="checkbox"/> Another Agency Agreed to Supervise <input type="checkbox"/> Sending Agency to Supervise	<input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Upon Request <input type="checkbox"/> Other:
Name and Address of Supervising Agency in Receiving State:			
Enclosed: <input type="checkbox"/> Child's Social History <input type="checkbox"/> Court Order <input type="checkbox"/> Financial/Medical Plan <input type="checkbox"/> Other Enclosures <input type="checkbox"/> Home Study of Placement Resource <input type="checkbox"/> ICWA Enclosure <input type="checkbox"/> IV-E Eligibility Documentation			
Signature of Sending Agency or Person:			Date:
Signature of Sending State Compact Administrator, Deputy or Alternate:			Date:
SECTION IV - ACTION BY RECEIVING STATE PURSUANT TO ARTICLE III(d) of ICPC			
<input type="checkbox"/> Placement may be made		<input type="checkbox"/> Placement shall not be made	
REMARKS:			
Signature of Receiving State Compact Administrator, Deputy or Alternate:			Date:

DISTRIBUTION (Complete six (6) copies):

- Sending Agency retains a (1) copy and forwards completed original plus four (4) copies to:
- Sending Compact Administrator, DCA, or alternate retains a (1) copy and forwards completed original and three (3) copies to:
- Receiving Agency Compact Administrator, DCA, or alternate who indicates action (Section IV) and forwards a (1) copy to receiving agency and the completed original and one (1) copy to sending Compact Administrator, DCA, or alternative within 30 days
- Sending Compact Administrator, DCA, or alternate retains a completed copy and forwards the completed original to the sending agency

STUDENT RECORD RELEASE

RELEASING SCHOOL

RECEIVING SCHOOL

School

Calvary Christian Academy
School

Address

P.O. Box 834
Address

City State Zip

Eufaula OK 74432
City State Zip

Date

Dear Counselor:

Please release the academic, health and medical records of students listed below to the above name of receiving school. (Also, if available, psychological evaluations and behavioral reports, as well as standard test results.)

Thank you very much.

STUDENT'S NAME (Last name first)	AGE	GRADE LEVEL AT TIME OF WITHDRAWAL

THANK YOU,

Signature of Parent/Guardian

Signature of School Official