



RECORDS REQUEST

To (name of school) _____

Attn: _____ Fax: _____

This is to request a copy of the records of _____ who has applied to Cincinnati Hills Christian Academy for admission to grade _____ for the academic year _____. Please send a copy of this student's records through the most recent grading period as they are needed for admission purposes at this time; a separate records request will be made upon enrollment.

Records should include:

Grades and written teacher comments
Achievement and aptitude test results
Proficiency test results

IEP or any other accommodation plans
Attendance and disciplinary records
Immunizations

Send School Records (scan and email preferred) to:

Check the campus to which you've applied

☐ NORTH CAMPUS

Cincinnati Hills Christian Academy
Office of Admission

admissions@chca-oh.org

8283 East Kemper Rd.
Cincinnati, Ohio 45249
513-247-9944, ext. 213
Fax: 513-247-0950

☐ ARMLEDER SCHOOL

Cincinnati Hills Christian Academy
Office of Admission

admissions@chca-oh.org

140 West Ninth Street
Cincinnati, Ohio 45202
513-247-9944, ext. 401
Fax: 513-721-3300

☐ INTERNATIONAL STUDENT PROGRAM

Cincinnati Hills Christian Academy
Office of Admission

international@chca-oh.org

11525 Snider Rd
Cincinnati, Ohio 45249

It is the policy of Cincinnati Hills Christian Academy that all information received regarding a candidate's application for admission is kept confidential. Only authorized school personnel have access to this information and only to the extent it is relevant to admission and placement decisions.

Thank you for your assistance.

Permission to Release Records

This is to certify that I/we authorize the release of a copy of my/our child's records to Cincinnati Hills Christian Academy to be used as a part of the admissions process.

Signature of Parent/Guardian

Date