



RECORDS RELEASE FORM

CEDAR TREE CLASSICAL CHRISTIAN SCHOOL
20601 N.E. 29th Avenue
Ridgefield, WA 98642
office@cedartreeschool.org
360.887.0190

Child's full name: _____

Date of birth: _____ Grade entering: _____

Last school attended: _____

City, State: _____

The above student is enrolled at Cedar Tree Classical Christian School. Please release all available cumulative records (health, behavioral, and academic) to the address listed above.

Parent signature: _____ Date: _____