



Christ the King Catholic School

Transcript Request Form



PARENT: Please sign this form and forward it to the school your child attended in the 2017-2018 school year. Submit one form per child.

DATE: _____

TO SCHOOL: _____

FOR STUDENT: _____

IN GRADE: _____

I hereby authorize you to release all official transcripts of grades and testing to Christ the King Catholic School.

Parent or Guardian- Print Name

Signature

Address _____
Street City Zip

Phone _____



SCHOOL REGISTRAR: Please submit directly to the Admissions Office at Christ the King Catholic School.

Christ the King Catholic School
Attn: Julie Blue, Director of Admissions
4100 Colgate Avenue
Dallas, TX 75225

PHONE: 214-365-1234
FAX: 214-365-1236
EMAIL: jblue@cks.org