

Crossroads
Christian School
 PO Box 295 / Crestview / FL 32536

**Request for
 High School
 Credit Statement**

This form is used to request a credit statement, which will indicate credits required, earned, and remaining for CCS graduation. Only one request per academic year is permitted. We strongly suggest the request be made after final reporting, at the end of the school year, has been submitted.

Date of Request	Student's Name

Student's Address	Grade

Has final, end-of-school year, reporting (180 days of completed school) been submitted? Circle One: YES NO

Parent's Signature	Date
Printed Name	Parent's Email

Mail to:

**Crossroads Christian School
 High School Credit Statement
 PO BOX 295
 Crestview, Florida 32536**

Allow four weeks for processing.

=====
For Office Use Only

Date Received	Initials
Date Processed	Initials