



**Ballico - Cressey Community Charter School (1-8)**  
**11818 W. GREGG STREET**  
**BALLICO, CA. 95303**  
**(209) 632-5371 Fax (209) 632-8929**

Last School of Attendance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City State Zip Code

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Fax Number

Please send all records: academic, citizenship, health, psychological, resource specialist information and all other pertinent information for the following student(s).

Name	Birth Date	Grade
_____	_____	_____
_____	_____	_____

**Please send records to:** Ballico-Cressey School District  
**ATTN: Christina Casanova or Florina Flores**  
11818 W. Gregg Street  
Ballico, CA 95303

I hereby authorize the release of all records mentioned for the student(s) named above.

\_\_\_\_\_  
Signature Date

**Please fax over copy of birth certificate, immunization records.**  
**Please enter:**

**SSID Number** \_\_\_\_\_ **1<sup>st</sup> Enrollment date** \_\_\_\_\_ **CA Enrollment date** \_\_\_\_\_

**Fax number** \_\_\_\_\_