



# Student Records Request

School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (with area code): \_\_\_\_\_ Fax # \_\_\_\_\_

_____ Student's Name	_____ Birthdate	_____ Grade	_____
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_____ Student's Name	_____ Birthdate	_____ Grade	_____
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_____ Student's Name	_____ Birthdate	_____ Grade	_____
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Please furnish Foundations Christian Montessori Academy with the following information in order to provide the proper enrollment and placement of the above stated student(s).

- A. All subjects and grades for the current school year plus withdrawal grades. Final grades for previous school years, along with an explanation of your grading system.
- B. Standardized test records and scores.
- C. Immunization and Health records.
- D. Psychological/Physiological reports.
- E. Any other data pertinent to understanding the student's individual needs.

Your cooperation is greatly appreciated.

Sincerely,

_____ Parent Name (Printed)	_____ Parent Signature	_____ Date
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_____ Authorized School Representative Name (Printed)	_____ Authorized School Representative Signature	_____ Date
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**Please send all student records to:**

**Foundations Academies**  
**4141 Desoto Rd, Sarasota, FL 34235**  
**Office: (941) 907-7078 Fax: (941) 907-3028**