



RECORDS RELEASE

Student Name: _____ Grade: _____ School Year: _____

Previous school attended and address:

To expedite the above student's admission process, All Saints' Academy would appreciate receiving copies of the following information:

- Grades for last two school years
- All standardized test scores and psychological reports
- Medical records: Student health examination
Immunization record
- Copy of birth certificate

Please note this is NOT a request for an official transcript at this time.

Please return via parent or mail to:

All Saints' Academy 5001 State Road 540 West, Winter Haven, Florida 33880

Sincerely,

Carolyn Baldwin

Latta Baucom

Dave Kormann

Head of Lower School

Head of Middle School

Head of Upper School

I hereby authorize the release of the above information.

Date

Signature of parent or guardian