



2043 Forest St. Jacksonville, Fl 32204
Phone: 904-288-7732 Fax: 904-329-4922

Student Records Request Jacksonville Classical Academy

Date: _____

Last School Attended: _____

Address of School: _____

Last School Phone No: _____

Last School Fax Phone No: _____

PLEASE SEND A TRANSCRIPT OR THE OFFICIAL RECORDS FOR:

Student Name: _____

Grade: _____

Date of Birth: _____

PLEASE INCLUDE:

- Current Grades
- Test Scores
- Exceptional Education Records

I hereby give permission for the above named school to release all student records as herein requested to facilitate the enrollment of my child at Jacksonville Classical Academy.

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature

Date