

Request for Student Records

Student Name: _____

Birthdate: _____

Grade: _____

The above student has enrolled in our school. Please forward all CA60 and all other pertinent information within 30 days of this request. This includes progress, grades earned, date of enrollment/withdrawal, discipline information, results of standardized tests, health records, psychologist reports, IEP, 504 plans and any other important data.

Forward records to:

Light of the World Academy
550 East Hamburg
Pinckney, MI 48169
734-720-9760
734-970-9763 (fax)
www.lightoftheworldacademy.org

Name of School Previously Attended: _____

Address of School: _____

Date: _____

Parent Signature: _____ Date: _____