FUTURES ACADEMY STUDENT RECORDS REQUEST

Dear Administrator, The student below is enrolling in Futures Academy. Please return documents as indicated below via email: office@FuturesAcademyVic.com or Fax: (361) 433-0334. Student Name______ Date of Birth______ Address______ SS# ______ PREVIOUS SCHOOL School Name______ Street Address______ City, State & Zip Code______ Phone Number_____ Fax Number______

As parent or guardian of the student named above, I grant permission for all records to be released as indicated.

Parent Signature		Date	
The following is for Futures Academy use only.			
Please email the following information to the attention of the Registrar:			
	Current transcript		Most recent report card/progress report
	Discipline records		Current Class Schedule
	Attendance records		Withdrawal form or date of withdrawal
	Standardized test scores		Withdrawal grades
	504/SPED or similar records		Legal documents regarding custody
	Volunteer Hours/Activities		
	Reports of all testing performed by the school, including reading or disability screenings		
	Other:		

Phone: (361) 433-0322