

Student Records Request Form

School Name: _____

School Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Student has been enrolled in a church school; A certificate of church school enrollment will be filed with the superintendent according to AL Code § 16-28-7.

Please send all school records for the following student(s) currently enrolled in Alabama Church School. We need all cumulative records, testing, immunization cards, and grade placement. Please include any other information that will verify subject content and proof of educational goals being met for grades.

Full Name

Date of Birth:

_____	_____
_____	_____
_____	_____
_____	_____

Please mail records to:

Alabama Learning Academy
833 Ewell Rd
Slocomb, AL 36375

or

Email the records to: Administrator@alabamalearningacademy.com

We do hereby authorizing Alabama Learning Academy to receive all school records on the students listed above. We hold both schools blameless for any problems that may arise from the transaction of this request.

Parent Signature

Date

Parent Signature (optional)

Date