



Address: 5900 Fort Caroline Road Jacksonville, FL 32277  
Phone: 904-302-9052

# Student Records Request Jacksonville Classical Academy East

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

\_\_\_\_\_  
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 East.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date