



LIVING WATER ACADEMY

REQUEST FOR RECORDS

REQUEST DATE

SCHOOL

STREET ADDRESS

CITY

STATE

ZIP

PHONE

FAX

The following student has applied for enrollment at Living Water Academy. Please forward to us, as soon as possible, the students complete records. Please include academic, health, psychological, discipline, IEP files and any other pertinent information. Thank you.

STUDENT NAME (First, Middle, Last)

DATE OF BIRTH (MM/DD/YYYY)

DATE ENROLLED IN YOUR SCHOOL

Please indicate if this student is presently expelled or suspended:

SUSPENDED UNTIL

OFFENSE

EXPELLED

EFFECTIVE DATE

IS THERE A DISCIPLINE RECORD ON FILE FOR THIS STUDENT? YES NO If yes, please include complete discipline record.

Please fax grades and immunization records in addition to the records requested above.

RELEASE

I authorize the release of all school records, including academic, discipline, behavior, special education, Section 504 and IEP records to Living Water Academy, 17780 Mueller Road, Wildwood, MO 63038. In addition, I give permission for staff to discuss my child with the teacher or Head of School at Living Water Academy.

PARENT OR GUARDIAN SIGNATURE

DATE (MM/DD/YYYY)

Please return a copy of this letter with all requested records.

DATE SENT (MM/DD/YYYY)

SCHOOL OFFICIAL/REGISTRAR

Tom Keller, Head of School