



Naples Classical Academy.
10270 Immokalee Road, Naples, FL 34120
Phone: (239) 449-8773
Fax: (239) 399-3886
Registrar email: registrar@naplesclassical.org

Release of Student Records/Information

The following student has enrolled at Naples Classical Academy. Any information you can supply to help in the proper placement of this student would be greatly appreciated. Please fax the information requested below to Naples Classical Academy at (239) 399-3886.

- 1) Student Name: _____ DOB: _____
 2) Previous School's Name: _____
 Address: _____
 Telephone: _____ Extn: _____ Fax: _____
 Email: _____

OFFICE USE ONLY (Below this line)

Please fax the following records to Naples Classical Academy at (239) 399-3886.

- | | | |
|--|---|--|
| <input type="checkbox"/> Withdrawal Grades | <input type="checkbox"/> Other Medical/Health Records | <input type="checkbox"/> MTSS/intervention records |
| <input type="checkbox"/> Academic Grades | <input type="checkbox"/> Birth Certificate/Social Sec | <input type="checkbox"/> Psychological Reports |
| <input type="checkbox"/> Official Transcript | <input type="checkbox"/> ESOL Records | <input type="checkbox"/> Social Services Reports |
| <input type="checkbox"/> Official Test Score Reports | <input type="checkbox"/> IEP Records | <input type="checkbox"/> Home Language Survey |
| <input type="checkbox"/> Physical/ Immunization | <input type="checkbox"/> 504 Records | <input type="checkbox"/> Other: _____ |

The records will be used for the professional use of authorized Naples Classical Academy personnel only. Please be advised that parent permission is no longer required when records are requested by authorized personnel, as per the Family Education Privacy Act, Final Rule on Education Records, Federal Register, June 17 1976. Vol 41, No. 118, Page 24673.

Authorized Personnel Signature: _____ Date: _____

Fax Attempts: 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____
Phone Attempts: 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____

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Date Received: