



NEW LIFE ACADEMY — ST LOUIS —

Request for Student Records

Date of Request: _____

Originating School or Institution

Name of Previous School or Agency: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Student's Information

Legal Name:	Last	_____
	First	_____
	Middle	_____

Birth Date: _____

Grade Level: _____ Last date of attendance (approx.): _____

Signature of Parent/Guardian (if available) _____

The following records are requested:

- | | |
|---|--|
| <input type="checkbox"/> Transcripts or report cards | <input type="checkbox"/> Discipline records |
| <input type="checkbox"/> Test data / standardized test scores | <input type="checkbox"/> Copy of birth certificate |
| <input type="checkbox"/> Discipline Records | |
| <input type="checkbox"/> List of courses and grades at time of withdrawal | |
| <input type="checkbox"/> Attendance records | |
| <input type="checkbox"/> Health / medical records | |
| <input type="checkbox"/> IEP (Individual Education Plan) if applicable | |

Signature of school representative:

Anthony Braswell	Principal	
Signature	Title	Date

PLEASE FAX, E-MAIL or MAIL TO:

New Life Academy – St. Louis
 11570 Mark Twain Lane
 Bridgeton, MO 63044
 Phone: 314-291-4181 ext. 210
 Fax: 314-274-2309
 E-mail: admin@newlifeschool.com