

DAYSPRING ACADEMY REQUEST FOR SCHOOL RECORDS

Name of School Attended _____

School Address _____

City _____

Zip _____

County _____

Please send all school records for the following student(s) currently enrolled in DaySpring Academy. We need all cumulative records, testing, immunization cards, and any other pertinent information so that we can assess student ability and grade placement. Please include any other information that will verify subject content and proof of educational goals being met for grades given.

FULL NAME

Grade

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature of Administrator _____

Date _____

Please send records to:

DaySpring Academy
4216 S Butler St, Atmore AL 36502
Email in .pdf: dayspringacademy1996@gmail.com

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

Parent/Guardian Signature

Date

Education -- compulsory schooling, compulsory learning -- is a tyranny against the human mind and spirit. Let all those escape it who can, anyway they can. ~ John Holt