



Request for Records

_____ School Fax #: _____
Date _____

_____ Previous School Name (Please Print)

_____ Address

_____ City _____ State _____ Zip _____

Dear Registrar:

The student, below, has applied for enrollment in our school. We require the following information:

- Cumulative Records while in attendance at your school
- Any and all psycho-education testing
- Exceptional student education records

Student's full Legal Name (Print): _____

Student's Date of Birth (Print): _____

The parental/guardian signature, below, signifies authorization for copies of records to be sent to the address as indicated below.

_____ Parent/Guardian Full Name (Print)	_____ Parent/Guardian Signature	_____ Date
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Please mail/email records to the following address:

Naples Adventist Christian School
 Attention: Admissions
 2629 Horseshoe Drive South
 Naples, Florida 34104
 239.261.6227
 FAX: 239.261.6227
 Email: nacs@flcoe.org

Thank you!

Loi Green,
Principal

"Teaching Christian Standards ~ Developing Academic Excellence"

www.naplesacs.org

2629 Horseshoe Drive South
Naples, FL 34104

T: 239-261-6227
F: 239-261-6227

NACS Records Request
7.2021

Principal: Loi Green

E: nacs@flcoe.org

