



REQUEST FOR STUDENT TRANSFER & RECORD RELEASE

Please complete this form and return it to the school office (address below) with your application. Student records will be requested upon acceptance to Reformation Classical Academy.

_____	_____	_____	_____
Student Name	Birth Date	Grade	School Year
_____	_____	_____	_____
School (current/most recent)	School phone	School fax #	
_____	_____	_____	_____
School address	City	State	ZIP Code

I consent to the release of the records indicated below to Reformation Classical Academy.

Signature of parent/legal guardian

Date

PLEASE SEND A COPY OF THE FOLLOWING:

School administration, the student named above has made application to Reformation Classical Academy. We would appreciate your prompt response in sending the following records:

- _____ All cumulative records/ achievement/ proficiency test results (standard and confidential)
- _____ All attendance and disciplinary reports
- _____ All court, psychological, and special needs diagnostic summaries (IEP, 504, etc.)
- _____ All health and immunization records
- _____ Other: _____

Signature of RCA Administrator

Date

Please mail or email completed form & records to:

Reformation Classical Academy
1501 E. Third St., Dayton, OH, 45403
Email: office@rcadayton.com

Records released to the person or agency listed above are not to be released to another person or agency without consent on the parent or legal guardian. If copies of records are released to parents or legal guardians, the school is relieved of responsibility for confidentiality of those records.