



Request for Student Records

Please send the school the records for:

_____	_____	_____
Student's Name	Date of Birth	Grade
_____	_____	_____
Student's Name	Date of Birth	Grade
_____	_____	_____
Student's Name	Date of Birth	Grade

School transferring from:

Name of School: _____

School Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Registrar Name/Email Address: _____

Please send all records including the following:

1. Current school year report cards
2. Final grades from previous school years
3. Standardized Test scores
4. Discipline Record
5. Attendance Record
6. Any applicable ESE reports or placements
7. Court related documentation

Mail to: Assumption Catholic School 2431 Atlantic Blvd. Jacksonville, FL 32207

or scan/email to jsoulby@assumptionjax.org Questions call: 904-398-1774

Parent/Guardian Signature: _____ Date: _____

Receiving school registrar signature: _____

Request Date: _____