



Twin Lakes Academy Middle School
8050 Point Meadows Drive
Jacksonville, Florida 32256
(904) 538-0825 (904) 538-0840 Fax

STATE SCHOOL NUMBER: 2531

COUNTY NUMBER: 16

REQUEST FOR STUDENT RECORDS

Student #: _____

Student Name: _____

Date of Birth: _____

Grade: _____

The above student has enrolled in our school as of _____. Please send the following information to help place this student in proper classes.

- Transcript (for 6th and 7th grade if applicable)
- Report Card (along with the grading scale)
- Withdrawal Grades and form
- Health Records (immunizations) must be on a state form signed/dated by doctor
- Psychological Records (if applicable)
- Exceptional Education Records (IEP, 504, EP, etc.)
- Standardized Test Scores / ESOL Testing/scores
- Cum Folder (Duval County Only)

School Name: _____

Address: _____

Phone Number: _____

Parent/Guardian Signature

Date

PLEASE MAIL TO THE ATTENTION OF THE RECORDS CLERK.

Please indicate date each notice was sent.

_____ 1st Notice

_____ 2nd Notice

_____ 3rd Notice

PLEASE FILL OUT A SEPARATE SHEET FOR EACH SCHOOL THE CHILD HAS ATTENDED.