

# Records Request



Shining Starr Learning Academy

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Rockledge, FL 32955

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***\*\*Please email the records to the email address listed above.***

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Previous School Name \_\_\_\_\_

Previous School phone # \_\_\_\_\_

Previous School email \_\_\_\_\_

Previous School Contact \_\_\_\_\_

***Requesting but not limited to the following:***

Birth Certificate

Immunization Certificate DH680

Health Physical DH3040

IEP and/or Service Plan

Behavior/Discipline Records

Psychological Evaluations and Testing

Report Cards

Signature of Parent \_\_\_\_\_

Date signed by parent \_\_\_\_\_

Signature of SSLA Principal \_\_\_\_\_

Date SSLA Emailed School \_\_\_\_\_