

Records Request



Shining Starr Learning Academy

1535 Cogswell Street, Suite D29

Rockledge, FL 32955

Phone: 321-400-9044

E-mail: shiningstarrlearningacademy@gmail.com

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

IEP and/or Service Plan

Immunization Certificate DH680

Health Physical DH3040

Report Cards

Signature of Parent _____

Signature of SSLA staff _____

Date SSLA Emailed School _____

*****Please email the records to the email address listed above. Thank you, Lisa Starr***