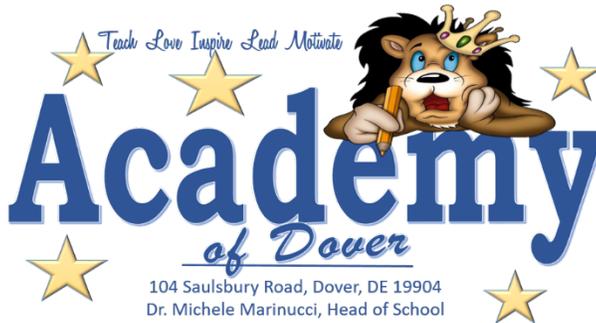


Schoolchoicede.org/ApplyInfo/AOD
www.aodcharter.org



High Expectations
Personalized Attention
Student-Centered Instruction

RELEASE OF STUDENT RECORDS FORM

(please print)

Today's Date: _____

Child's Name: _____

Parent/Guardian Name _____

Parent/Guardian Address _____

Parent/Guardian Signature _____

Taxpayer School District _____

*Check appropriate box and provide name of former school where indicated below

Student Entering Grades 1st - 6th in 2021-2022

Whereas my child is currently enrolled in Academy of Dover for the 2021-22 academic year, I give my permission to School Name: _____ (School most recently attended by student) to release my child's academic records to the Academy of Dover. Please include all relevant records including special education, academic testing, official school records, medical records, and academic or disciplinary interventions.

School District Notification of Student Entering Kindergarten in 2021-2022

Whereas my child is currently enrolled in Academy of Dover for the 2021-22 academic year, I hereby notify _____ (Taxpayer School District).

Disclosure of Student's Records:

Federal Law 99.31 "Parent signature is not required for educational records to be sent to another educational agency."

Please send the information to:
Academy of Dover Charter School
104 Saulsbury Road
Dover, DE 19904
ATTN: Student Records
State Location Code: D107
302-674-0684; Fax: 302-674-3894