



Sancta Familia Academy
1204 N. Harbor City Blvd., Melbourne, FL 32935
(321) 259-6464

Request for Transfer of Records

To: _____
(name of school holding records)

Address _____

City _____ State _____ zipcode _____

Student Name _____ Grade _____ DOB ____/____/____

S.S. # _____ is enrolling at Sancta Familia Academy on

(date)

Please transfer the following records for this student once he/she has withdrawn from your school.

- Birth Certificate
- Physical Examination Form
- Immunizations Records
- Student Academic Records and Testing
- Discipline Records
- Exceptional Education records

Mail Records to:
Sancta Familia Academy
1204 N. Harbor City Blvd.
Melbourne, FL 32935

Thank you for your immediate attention to this request.

Administrator
Sancta Familia Academy

In accordance with the Family Education Rights and Privacy Act of 1984 and Florida State Law, I hereby authorize the release to Sancta Familia Academy all school records; including grades, health records, and any other developmental information regarding the above-named pupil.

Signature of Parent or Legal Guardian

Date