



Date _____

Records Request

Parent(s): please bring this form to your last school so they can email your Student's records to FLVSFT912records@flvs.net or fax 407-377-8330

**students entering grades 10-12 requires high school transcript*

***students entering 6-9 requires all final middle school report cards showing promotion status from last grade level or transcript if any high school credits have been earned.*

Student Name _____ **Student FEID** _____

Last School Name _____

Not necessary if FLVS FT, or FLVS Flex (PT)

Last School address: _____

Street

City

State/Zip

I hereby authorize the release of all school information for my above named child.

Parent/Guardian Name (Please print)

Parent/Guardian Signature

To the Registrar

The above named student is applying to FLVS FT. We request their academic records (with all testing) so we can evaluate his/her application for enrollment at FLVS FT. This is not a request for to withdraw the student.

Please send the following:

- Complete transcript or report card with promotion status (see above*) **Please do not send until final grades for the last grading period/semester have been posted.**
- all standardized testing
- copy of blue card DH 680
- FE ID number discipline records
- if applicable date of withdrawal
- Please return this form with the records

FLVS FT will email _____ (Registrar's name/email) if the student enrolls with FLVSFT