



### **Request for Records & Student Transfer Form**

TO BE FILLED OUT BY STUDENTS TRANSFERRING FROM ANOTHER SCHOOL

**Please fill out the following information so that we may obtain your child’s records from their previous school. These will include all academic, disciplinary, and immunization records.**

**Dear Administrator,**

**Please send all records pertaining to the student named below. Please include all academic, disciplinary and immunization records that belong to said student.**

**Please forward all records to:**

**Al Manara Academy  
929 Big Bend Road  
Manchester, MO 63021  
Phone: 314-480-5659**

**Sincerely,**

**Al Manara Academy Administration**

**Student Name:** \_\_\_\_\_

**School Name:** \_\_\_\_\_

**School Address:** \_\_\_\_\_

**School Phone:** \_\_\_\_\_ **School Fax:** \_\_\_\_\_

**Parental release—By selecting “I Agree” below, I, the parent/guardian of above mentioned student give consent to release all records pertaining to my child’s education and transfer them to Al Manara Academy.**

**I agree**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_