**Release of Records for Incoming Students**

| **Name of Child(ren)** | **Gender** | **Grade** | **Date of Birth** |
| --- | --- | --- | --- |
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|  |  |  |  |

Please provide the name and address of the school your child(ren) attended prior to moving to Ansaar Academy Full Time Private School.

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above referred child(ren) has/have been registered in the Ansaar Academy for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ school year. Please send any scholastic, medical, speech therapy, and CST records you may have to the school your child will be attending.

Your prompt attention to this matter is greatly appreciated.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date