

Release of Records for Incoming Students

Name of Child(ren)	Gender	Grade	Date of Birth

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 Full Time Private School 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