



**AUGUSTINE**  
S C H O O L

## Request for Student Records

The following student has applied for admission for the \_\_\_\_\_ academic year. Please send complete school records, including current grades, IEP records, evaluations, and standardized test scores, to the address below. If you have any questions please feel free to call us at 731-660-6822.

\_\_\_\_\_  
Last name                      First name                      MI                      Grade

\_\_\_\_\_  
Parent or legal guardian

\_\_\_\_\_  
Date of Request

### **To be completed by transferring school:**

Has the student been suspended or expelled?      No       Yes

If transferring from a private school, are there unresolved tuition or fee balances that would prevent the student from re-enrolling at your school?      No       Yes

Please mail a copy of the Request for Student Records form along with records to:

Augustine School  
1171 Old Humboldt Road  
Jackson, TN 38305  
Attn: Admissions

Phone: 731-660-6822      Fax: 731-660-6833