



**2017-2018**  
**Request for Records**

\_\_\_\_\_ School Fax #: \_\_\_\_\_  
Date \_\_\_\_\_  
\_\_\_\_\_  
Previous School Name (Please Print) \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dear Registrar:

The student, below, has applied for enrollment in our school. We require the following information:

- Cumulative Records while in attendance at your school
- Any and all psycho-education testing
- Exceptional student education records

Student's full Legal Name (Print): \_\_\_\_\_

Student's Date of Birth (Print): \_\_\_\_\_

The parental/guardian signature, below, signifies authorization for copies of records to be sent to the address as indicated below.

\_\_\_\_\_  
Parent/Guardian Full Name      Parent/Guardian Signature      Date  
(Print)

Please mail/email records to the following address:

Naples Adventist Christian School  
Attention: Admissions  
2629 Horseshoe Drive South  
Naples, Florida 34104.6122  
239.261.6227  
FAX: 239.261.6227  
Email: subrinaminnisnacs@gmail.com

Thank you!

\_\_\_\_\_  
Audrey Wainwright,  
Principal

*"Teaching Christian Standards ~ Developing Academic Excellence"*

www.naplesacs.org

2629 Horseshoe Drive South  
Naples, FL 34104

T: 239-261-6227

F: 239-261-6227

NACS Records Request  
6.23.16

Principal: Mrs. Audrey Wainwright

E: nacsprincipal@yahoo.com

