



S.O.S. ACADEMY MIDDLE SCHOOL #102

6974 Wilson Blvd.
Jacksonville, FL 32210
(904) 573-0880 / Fax #: 904-573-0889

Genell M. Mills, Principal

Release of Information

Date: _____

Previous School Name: _____

Previous School Address: _____

Phone of previous school: _____ Fax#: _____

Student's Name: _____ D.O.B. : _____

Grade Level (at previous school) _____

The above named student has enrolled in S.O.S. Academy Middle School. We are requesting the following documents that have been checked (✓) :

- | | |
|---|--------------------------------------|
| Cum Folder | I.E.P. (Individual Educational Plan) |
| Withdrawal Grades | Psychological |
| Report Card | Educational Evaluation |
| Permanent Records | Special Education Placement Forms |
| Health Records (immunizations & physical) | Vision/Hearing |
| Birth certificate, social security card | Other _____ |
| Test Scores | |

Parent's Signature

Date

ATTENTION FLORIDA SCHOOLS:

Please enclose a copy of Student State Assessment Test results and any remediation that was completed.

Please send information ASAP. We thank you in advance.

