

Oasis Middle School

3507 Oasis Blvd.

Cape Coral, Florida 33914

Phone: 239-945-1999 Fax: 239-540-7677

STUDENT RECORDS REQUEST

Date: _____

Last School Attended: _____

Address of School: _____

Phone #: _____ Fax #: _____

PLEASE SEND A TRANSCRIPT OF THE OFFICIAL RECORDS FOR:

(Student's Name) (Grade) (Date of Birth)

PLEASE INCLUDE:

- ⇒ Health Records {Immunization (HRS Form 680) and Physical}
- ⇒ Birth Certificate
- ⇒ Current Grades
- ⇒ Test Scores
- ⇒ Exceptional Education Records

I hereby give permission for the above named school to release all student records as herein requested to facilitate the enrollment of my child at Oasis Middle School.

Parent/Guardian Signature _____ Date: _____

Thank you in advance for your prompt attention to this request.
Registrar-Information Specialist, Oasis Middle School

