5 Point Learning Academy - Satellite Program

Administrative Office

203 Harts Bridge Rd, Jackson, TN 38301-7672 Voice 731-225-8672 Fax 877-223-4598 Email: fivepointlearningacademy@yahoo.com

REQUEST FOR STUDENT RECORDS

Please print and use dark black ink / type

Full Legal Name of Stud	ent	
Date of Birth		Grade
Last School Attended		
School's Address (inclu	de complete information)	
City	State	Zip
Email address of school	ol registrar	Fax (including area code)
I affirm that I have leg release of these reco	gal custody and educational rights for the rds is granted by:	e above-named student. Permission for
Signature of Parent or	Guardian	Date
	To Parent / Guardian: Complete the	
	your enrollment application to 5 Po Program office.	int Learning Academy - Satellite
	your enrollment application to 5 Po	
Email: fi	your enrollment application to 5 Po Program office. ool please send a copy of this sheet v	-

For Office Use Only - Records requested ___/___ Records received ___/_____

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Education: http://www.state.tn.us/education/nonpublic/index.shtml

5 Point Learning Academy is a Category IV: Church Related School recognized by the Tennessee Department of Education. Our program complies with the Tennessee education standard in a memo dated 2/18/99 from Commissioner Jane Walters to all superintendents. Our program operates under the provisions of Tennessee Code Section 49-50-801. Students enrolled in our program are not required to register as "homeschoolers" with the local superintendent of schools. 5 Point Learning Academy is listed on the roster of non-public schools maintained by the Tennessee Department of