



# ACTIVE HOME SCHOOL ACADEMY STUDENT RELEASE FORM

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## Student Record Release

**From:**

Schools Name: .....

Address: .....

City: ..... Province: ..... Code: .....

Dear Principal

The following child/children has been withdrawn from your school. Please release their academic and health records to the above-mentioned school.

Thank you

**Students' Name**

**Age**

**Grade level at time of withdrawal**

1. ....

2. ....

3. ....

4. ....

.....

**Signature of Requesting Parent**

.....

**Signature of Receiving Principal**