

Request for Records & Student Transfer Form

Parent/Guardian, please fill out the following information so that we may obtain your child's records from their previous school. These will include all academic, disciplinary, and health records.

Dear sir/madam,

Please send Idaho Novus Classical Academy all academic, disciplinary, and health records pertaining to:

School attended: _____

Student name(s): _____

Last grade completed: _____

Scanned electronic submissions are preferred; upload here:

<https://idahonovus.org/contact-us/student-records-upload/>

Paper records are accepted via postal service.

Idaho Novus Classical Academy
Attention: Enrollment Coordinator
P.O. Box 921
Eagle, ID 83616

Parental Release

By my signature, I, the parent/guardian of the above-mentioned student(s), give consent to release all records pertaining to my child's education, health, and behavior. I request that said records be transferred to Idaho Novus Classical Academy.

Parent/Guardian Name

Parent/Guardian Signature

Date



**IDAHO NOVUS
CLASSICAL ACADEMY**

VIRTUS • SCIENTIA • FELICITAS

Dr. Vincent Kane
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P.O. Box 921
Eagle, ID 83616