



# IDAHO NOVUS CLASSICAL ACADEMY

VIRTUS • SCIENTIA • FELICITAS

**Dr. Vincent Kane** | Principal  
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## Student Records Release

*Parent/guardian: Please complete the information on this form and return this form with your registration.  
Idaho Novus Classical Academy will obtain student records from the previous institution.*

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From: *Parent/Guardian*

By my signature, I, the parent/guardian of the above-mentioned student, give consent to release all records pertaining to my child to Idaho Novus Classical Academy, including:

- Permanent records (standardized testing, academic transcripts, discipline, attendance)
- Registration documents (birth certificate, immunization records)
- IEP, eligibility, or 504 records, or any other special services assessments, if applicable

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*Parent/Guardian Name*

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*Signature*

*Date*

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*Student First Name*

*Middle Initial*

*Last Name*

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*Previous School Attended*

*Last Grade Completed*

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Registrar, please upload records to <https://idahonovus.org/contact-us/student-records-upload/> or mail to:

Idaho Novus Classical Academy  
Attn: Enrollment Coordinator  
19255 N. McLeod Way, Boise, ID 83714

Questions? Email [enrollment@idahonovus.org](mailto:enrollment@idahonovus.org).