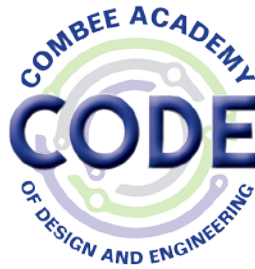


code.polk-fl.net
(863) 499-2960



2805 Morgan Combee Rd
Lakeland, FL 33801

Principal: Mrs. Tammy Farrens
Assistant Principal: Mr. Michael Wright
School Fax: 863-284-4421

Date: _____

To: _____
Name of Last School Attended

Complete Address Request

City State Zip code

School Telephone Number

School Fax Number

Please send the following information to CODE Academy as soon as possible.

1. Cumulative Folder – All records
2. Transcript of grades - Including grades to date of withdrawal and attendance records
3. Explanation of grading system
4. Results of testing
5. Certificate of Immunization and health records
6. Special education records – 504 records, IEP, EP, psychological evaluation records, etc.

Student Name	Grade	Date of Birth	Withdrawal Date

I hereby give my permission to forward records for the above named student/s to CODE Academy.

Parent/Guardian Signature _____ Date _____