



Ridgetop Adventist ELEMENTARY SCHOOL

Teaching Eternal Principles to Today's Children

Request for Records

Date: _____

Previous School:

Please release ALL records (Academic, Health, Attendance, Special Education, Psychological, Current IEP, etc.) for the student listed below:

Student Name:

Date of Birth:

Last year in attendance:

Mail To: Ridgetop Adventist Elementary School

P.O. Box 820

Ridgetop, TN 37152



102 King Street, Ridgetop, TN 37152 ♦ (615) 859-0259
ridgetopadventistelementary@gmail.com
www.ridgetop22.adventistschoolconnect.org





Ridgetop Adventist

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I, the undersigned legal parent/guardian/office administrator, am aware of the above request and approve such transfer of the records.

Parent/Guardian Name **Printed:** _____

Parent/Guardian **Signature:** _____

Date: _____

RAES Office Administrator & Principal: **Michelle Comstock**

Office Administrator & Principal's **Signature:** _____

_____ Date: _____



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