



### Fòm Repons – Palm Beach Gardens

**Ou dwe ranpli fòm sa a sèlman si ou te resevwa yon lèt ki ofri pitit ou admisyon.**

Tanpri enprime fòm sa a, bay repons ou, epi retounen l nan dat ki endike nan lèt òf ou an.

*Si ou aksepte yon plas nan Franklin Academy, ou dwe ranpli paj de (2) nan fòm sa a nan fason pou repons ou yo ka valab. Wap gen pou bay dosye yo jis nan mwa Jen.*

Non Elèv: \_\_\_\_\_

Elèv la ap antre nan Klas \_\_\_\_\_ pou ane lekòl 2018-2019.

Sèks: Gason \_\_\_\_\_ Fi \_\_\_\_\_

Fòm sa a ap sèvi kòm repons pou òf admisyon an:

Mwen aksepte plas la nan Franklin Academy epi mwen dakò pou yo mete pitit mwen nan klas yonsèl sèk pou matyè prensipal yo: \_\_\_\_\_

Mwen deklive plas la pou Franklin Academy: \_\_\_\_\_

Siyati Paran: \_\_\_\_\_ Dat: \_\_\_\_\_

Mèsi.

Ekip la nan Franklin Academy

**\*\*\*Verifikasyon preferans elijiblite obligatwa nan moman akseptasyon an \*\*\***



**Request for Records & Transcripts  
2018 – 2019 School Year**

To: \_\_\_\_\_  
(Print name, city and state of current school)

I authorize the release of records to Franklin Academy upon receipt of this letter.

Student Name: \_\_\_\_\_

2017-2018 Grade Level: \_\_\_\_\_

2018-2019 Grade Level: \_\_\_\_\_

Please include:

1. Cumulative folder; current grades, date of withdrawal and attendance records.
2. Explanation of grading system.
3. Academic/Standardized test results.
4. Certificate of Immunization (HRS Form 80) and health records including current physical.
5. ESE program enrollment (IEP, 504, EP), specific learning disability and psychological evaluation records if applicable.

Send Records to: Franklin Academy – Palm Beach Gardens  
[K-5 MSID: 4021] [6-8 MSID: 4061]  
5651 Hood Road, Palm Beach Gardens, FL 33418  
Phone: 561-348-2525  
Fax: 561-775-1899

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date