



Consent for Student Record Release

Please give this form to your child's current school.

Student Name: _____

Student Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

School Official: The student above has applied for admission to NeoCity Academy. Please send a copy of my child's school records, including:

- Grades (current grades and transcript, if possible)
- Attendance Records
- Discipline Records
- Any Standardized Test Scores (from past two school years, if available)

Records can be sent via email or mail to:

neocityadmissions@osceolaschools.net

Student Registrar
NeoCity Academy
195 NeoCity Way
Kissimmee, Florida 34744

Parent/Guardian Signature: _____ Date: _____

If you have questions, please contact our Admissions Office at 407-933-3903.