



**Good Shepherd Lutheran
Church and School**

DCF#C20LE0043

4770 Orange Grove Blvd.
North Fort Myers, FL 33903
239-995-7711
www.goodshepofnfm.com
Robert Davis, Pastor
pastordavis@goodshepofnfm.com

Student Records Request

Date: _____ Attention: _____ School: _____

Student: _____ DOB _____

Grade when withdrawn: _____ **Send to attention of: Ashley Gonzalez at**

agonzalez@goodshepofnfm.com or Fax 239-471-0526

This document is an official authorization given by the parent or legal guardian of the student whose name appears above for release of the school records listed below. The undersigned authorize you to send Good Shepherd Lutheran School the following documents.

- Official Transcripts
- Most recent report card
- Standardized test scores
- Records of physical problems
- Health and Immunization Forms
- Discipline Records
- IEP – if applicable
- 504 – if applicable

Signature of Parent or Legal Guardian

Date

Parent or Legal Guardian Name (please print)

Office Use:

Date Sent: _____

Date Received: _____

Mrs. Ann Marie Collard
Principal
amcollard@goodshepofnfm.com

***Our School Mission is:
To encourage students to use their God-Given gifts
to touch the lives of others as Jesus did.***

Ms. Penny Holt
Preschool Director
pholt@goodshepofnfm.com



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STUDENT MEDICAL RELEASE

Should my child _____ become ill or suffer an accident of any character while he/she is in the care of Good Shepherd Lutheran School, I understand that the staff shall undertake measures to contact me immediately. In the event I cannot be reached Good Shepherd Lutheran School Staff shall be authorized to secure consent to such medical treatment and services for my child as may be deemed necessary. I acknowledge that I will be responsible for any cost incurred due to sickness or injury to my son/daughter. I hereby waive any claim and forever and all actions, claims, and demands which claimant now has or may hereafter have on account of or arising out of any accident, casualty and/or event which might occur while on or off the premises of Good Shepherd Lutheran Church and School. I am the parent/legal guardian of the above-named child, and I am over eighteen (18) years of age and legally competent to execute this waiver of claims.

MUST BE SIGNED IN THE PRESENCE OF A FLORIDA NOTARY PUBLIC

Signature of Parent of Guardian

Print name

Date

STATE OF FLORIDA COUNTY OF: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____.

Personally know _____ or produced identification _____

Type of Identification _____

Notary Name: _____ Commission Expires _____

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Principal
amcollard@goodshepofnfm.com

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