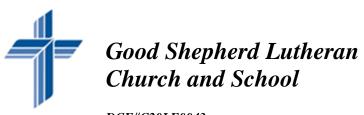


4770 Orange Grove Blvd.
North Fort Myers, FL 33903
239-995-7711
www.goodshepofnfm.com
Robert Davis, Pastor
pastordavis@goodshepofnfm.com

Student Records Request

Siudem Records Request				
Date:	Attention:	School:		
Student:	D0	OOB		
Grade when withdrawn: _	Send to	attention of: Ashley Gonzalez at		
	agonzale	ez@goodshepofnfm.com or Fax 239-471-0526		
	he school records listed be	e parent or legal guardian of the student whose name below. The undersigned authorize you to send Good		
 Official Transcripts Most recent report car Standardized test score Records of physical present the end of the end of	es roblems			
Signature of Parent or	Legal Guardian	Date		
Parent or Legal Guardian	Name (please print)			
Office Use:				
Date Sent:	Dat	ate Received:		



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DCF#C20LE0043

STUDENT MEDICAL RELEASE

he/she is in the care of Good Shepherd contact me immediately. In the event I authorized to secure consent to such n I acknowledge that I will be responsib hereby waive any claim and forever a hereafter have on account of or arising or off the premises of Good Shepherd	become ill or suffer an accide Lutheran School, I understand that the staff I cannot be reached Good Shepherd Lutheran nedical treatment and services for my child able for any cost incurred due to sickness or in all actions, claims, and demands which can gout of any accident, casualty and/or event Lutheran Church and School. I am the pare theen (18) years of age and legally competer	If shall undertake measures to in School Staff shall be as may be deemed necessary. In a njury to my son/daughter. I laimant now has or may which might occur while on int/legal guardian of the		
MUST BE SIGNE	D IN THE PRESENCE OF A FLORIDA NOTARY	PUBLIC		
Signature of Parent of Guardian	Print name	Date		
	ΓΥ OF:			
	ged before me this day of	, 20		
Personally know or produced identi				
Type of Identification				
Notary Name: Commission Expires				