



Authorization to Release School Records

School last attended: Mount Mahogany

Fax#: 701-610-8113
501-785-8887

Please send the cumulative records for:

Name Padra Fleustine Current Grade 2nd Birthdate 04/16/2015

Name _____ Current Grade _____ Birthdate _____

Name _____ Current Grade _____ Birthdate _____

Please send:

Please send records to:

- Transcripts
- Cumulative Records
- Standardized Tests
- Health Records
- Grades
- Special Ed Records (IEP, 504)

Renaissance Academy
 3435 North 1120 East
 Lehi, UT. 84043
 Phone (801) 768-4202
 Fax: (801) 768-4295

*Sent 9/20/23
SGainard*

As a custodial parent/guardian of the above student(s) I give my consent to furnish Renaissance Academy with the above information.	
Signature of Parent/Guardian: <u>[Signature]</u>	Date: <u>04/12/2023</u>

Office Use Only		
Date of request: <u>8/2/23</u>	Date of Request:	Date Received:
Date of request:	Date of Request:	Special Ed. Records YES NO N/A



Pedro Miguel De Morai Florentino
467 S 900 E APT 207
Pleasant Grove, UT 84062
Guardian: Katyellen Florentino

Other ID: 9416529
Grade: 03
Phone: (801)800-2410
Birthdate: 04/16/2015

Homeroom: 168
Teacher: Mark Gatto
Term: 01
Ethnicity: H

Withdrawal Date: 8/17/23

Withdrawal Code: TR

08/16/2023 - 10/18/2023

Period	Course Name	Teacher	Room	*Grade	Books/Fines	Teacher Signature
01	Attend-3rd Grde	Mark Gatto	168			
01	Language Arts 3	Mark Gatto	168			
02	Math 3	Mark Gatto	168			
03	Science 3	Mark Gatto	168			
04	Social Studies3	Mark Gatto	168			
05	LearningHabits3	Mark Gatto	168			
06	Music 3	Mark Gatto	168			
07	Art 3	Brande,Amelia	102			
08	PE 3	Suzie Cindrich	Gym			
09	Ed Tech 3	Royer	134			

New School: Renaissance Academy Library: _____ Amount Due: _____
 Administrator: _____ Office: SGatto Amount Due: _____
 Counselor: _____ Book Refund: _____ Amount Due: _____
 Night School: _____ Year Book: _____ Amount Due: _____
 Registrar: _____ Activity Cd: _____ Fee: _____
 Locker #: _____ Chk: _____ Cafeteria: _____ Balance: _____
 Student Signature: _____
 Parent/Guardian Signature: _____

Receipt #: _____ Amount Paid: _____
 Check #: _____

Not Needed At Year-End Checkout