LAS VEGAS JUNIOR ACADEMY

6059 W. Oakey Blvd.
Las Vegas, NV 89146

Ph 702-871-7208
Fax 702-364-5456

STUDENT RECORDS REQUEST

TO: _____ Phone #: _____
NAME OF SCHOOL

_____ Fax #: _____
ADDRESS

_____
CITY STATE ZIP

_____
LAST NAME FIRST MIDDLE (other last name) GRADE DOB

The student listed above has enrolled in our school. Please send the following records:

- Student Cumulative Academic Records (Transcripts/Report Cards)
- Test Data
- Reading Records
- Health and Immunization Records
- Guidance/Behavioral Record

If student(s) left during the school year, please include grades, credits, and grade level at the time of withdrawal.

_____
Date

Send to: Student Records
Las Vegas Junior Academy
6059 West Oakey Blvd.
Las Vegas, NV 89146