



**Response Form – Cooper City Campus**

**This form is to be completed only if you received a letter offering your child admission.**

Please print this form, indicate your response, and return by the date indicated on your letter of offer.

*If you are accepting a seat at Franklin Academy, you must complete page two of this form in order for your response to be valid. Records will not be requested until June.*

Student Name: \_\_\_\_\_

Student Entering Grade Level \_\_\_\_\_ for the 2019-2020 school year.

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

This form is to serve as the response to the offer of admission:

I accept the seat to attend Franklin Academy: \_\_\_\_\_

I decline the seat for Franklin Academy: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you.

The Team at Franklin Academy

**\*\*\*Verification of preference eligibility is required at time of acceptance\*\*\***



**Request for Records & Transcripts  
2019 – 2020 School Year**

To: \_\_\_\_\_  
(Print name, city and state of current school)

I authorize the release of records to Franklin Academy upon receipt of this letter.

Student Name: \_\_\_\_\_

2018-2019 Grade Level: \_\_\_\_\_

2019-2020 Grade Level: \_\_\_\_\_

Please include:

1. Cumulative folder; current grades, date of withdrawal and attendance records.
2. Explanation of grading system.
3. Academic/Standardized test results.
4. Certificate of Immunization (HRS Form 80) and health records including current physical.
5. ESE program enrollment (IEP, 504, EP), specific learning disability and psychological evaluation records if applicable.

Send Records to: Franklin Academy - Cooper City [MSID: 5037]  
6301 S. Flamingo Road, Cooper City, FL 33330  
Phone: 954-780-5533  
Fax: 954-252-8147

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date