



### Fòm Repons – Sunrise Campus

**Ou dwe ranpli fòm sa a sèlman si ou te resevwa yon lèt ki ofri pitit ou admisyon.**

Tanpri enprime fòm sa a, bay repons ou, epi retounen l nan dat ki endike nan lèt òf ou an.

*Si ou aksepte yon plas nan Franklin Academy, ou dwe ranpli paj de (2) nan fòm sa a nan fason pou repons ou yo ka valab. Wap gen pou bay dosye yo jis nan mwa Jen.*

Non Elèv: \_\_\_\_\_

Elèv la ap antre nan Klas \_\_\_\_\_ pou ane lekòl 2019-2020.

Sèks: Gason \_\_\_\_\_ Fi \_\_\_\_\_

Fòm sa a ap sèvi kòm repons pou òf admisyon an:

Mwen aksepte plas la nan Franklin Academy: \_\_\_\_\_

Mwen deklina plas la pou Franklin Academy: \_\_\_\_\_

Siyati Paran: \_\_\_\_\_ Dat: \_\_\_\_\_

Mèsi.

Ekip la nan Franklin Academy

**\*\*\*Verifikasyon preferans elijiblite obligatwa nan moman akseptasyon an \*\*\***



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

To: \_\_\_\_\_  
(Print name, city and state of current school)  
(*Ekri non, vil ak eta lekòl aktyèl la*)

I authorize the release of records to Franklin Academy upon receipt of this letter.  
*Mwen otorize pou yo lage dosye a nan Franklin Academy apre li fin resevwa lèt sa a.*

Student Name (Non Elèv): \_\_\_\_\_

2018-2019 Grade Level (Nivo klas): \_\_\_\_\_

2019-2020 Grade Level (Nivo klas): \_\_\_\_\_

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 – Sunrise [MSID: 5010]  
4500 NW 103 Avenue, Sunrise, FL 33351  
Phone: 754-206-0850  
Fax : 954-572-9544

\_\_\_\_\_  
Parent Signature (Siyati Paran an)

\_\_\_\_\_  
Date (Dat)