



Student Records Request Form

Student First Name

Middle Name

Last Name

DOB

Name of Previous School

School Address

City

Zip

State

Phone Number

Fax Number

Email

School Requesting Records

Bodhi Community K12

Email: Admissions@BodhiCommunity.org

Phone Number: 520-441-3543

Parent / Guardian Name Printed

Parent / Guardian Signature

Date

Administrator Signature

Date