

School Board

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Assistant Principals

Kevin Brevik
Toni Griffin
Jessica Westover

Tomlin Middle School

Date: _____

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Grade: _____

The above named student(s) has enrolled in our school. Please send the following records **AS SOON AS POSSIBLE** so that proper placement and continuity of record keeping is maintained.

Check records to be released:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Transcript of Academic Records | <input type="checkbox"/> Immunization records/Health exam |
| <input checked="" type="checkbox"/> Withdrawal grades | <input type="checkbox"/> Birth Certificate |
| <input checked="" type="checkbox"/> Test Data | <input checked="" type="checkbox"/> Attendance Records |
| <input checked="" type="checkbox"/> Special Education Records | <input type="checkbox"/> Discipline Records |

Parental permission is no longer required when records are requested by authorized school personnel. (Family Education Rights and Privacy Act, Final Rule on Education Records, Federal Register, June 17, 1976, Vol. 41, No. 118, Page 24673)

Thank you very much for your assistance and early attention to this request.

Stacie Schroeder, Guidance Secretary
Stacie.schroeder@sdhc.k12.fl.us
Tomlin Middle School
501 N. Woodrow Wilson St.
Plant City, FL 33563
813-757-9400 Ext. 271
Fax 813-707-7024