



**Form 603**

**Champion Preparatory Academy**  
**Fully Accredited**

**Mail Records to:**

**Office of the Registrar**

**Champion Preparatory Academy**  
**1935 S. Orange Blossom Trail**  
**Apopka, FL 32703**

**Phone: 407-788-0018 Fax: 407-788-7625**

**Request for Transfer of Records** (Fax of previous school\_\_\_\_\_)

To: \_\_\_\_\_(Name of School Holding Records)

Address\_\_\_\_\_

City\_\_\_\_\_St.\_\_\_\_\_zipcode\_\_\_\_\_

**Student Name**\_\_\_\_\_ **DOB**\_\_\_\_\_ is enrolling

at Champion Preparatory Academy on\_\_\_\_\_(date).

Please transfer the following records for this student once he/she has withdrawn from your school.

**Please mail the following records to Champion Preparatory Academy:**

- Birth Certificate
- Physical
- Immunizations
- Student Academic Records and Testing
- Discipline Records
- Exceptional Education records

Thank you for your immediate attention to this request.

Registrar  
Champion Preparatory Academy