



The Lotus Academy

A Division of the Whole Life Institute, Inc.

47 East Haines Street

Philadelphia, PA 19144-5711

Phone: 215-438-7500

Fax 215-438-7596

www.lotusacademy.org

Request for Student Records

Date: _____
Date of Request

To: _____ **School**
Name of Sending School

Dear Admit/Dismiss Secretary:

_____ has applied for admission to the Lotus Academy.
Name of Student

His/Her date of birth is: _____. He/she is in grade: _____
Please forward a copy of his/her pocket (attendance, behavior, academic and
All special education records and IEP's; including educational, psychological,
Psychiatric, and neurological reports, as applicable) to us immediately to the
Following address:

**Admission's Office
The Lotus Academy
47 E. Haines Street
Philadelphia, PA 19144**

Authority from parents to release student records:

Please release my child's pocket to the The Lotus Academy
Name of School

Name of Child (Please print) _____

Signature of Parent/Legal Guardian _____ Date _____