JAMES S. RICKARDS HIGH SCHOOL

3013 Jim Lee Road Tallahassee, Florida 32301

Tel: (850) 488-1783 Fax: (850) 922-7104

Mr. Zachary Ansley, AP – Administration/Discipline

Dr. Deborah Barnes, AP – Attendance/Curriculum

Mr. Mike Holmes, AP - Facilities/

Mr. Sam Striplin, Dean Ms. Claudette Farmer, AD Dr. Joe Williams, IB Coordinator Dr. Aretha McNeil, AP Coordinator Mr. Earl Hankerson, AVID Coordinator Mr. Bobe McBride, Assistant Athletic Director Mr. Fred Varn, IB Dean

Mr. Douglas Cook, Principal

lickards High

Date				
Date of Enrollment				
Dear Registrar:				
I have enrolled my daugh	ter/son, whose name is		and whose	
birthday is	at James S. Rickards Hig	th School. I authorize you	to release the following	
records to this school:				
	Transcript with current an Withdrawal g Health reco Standardized tes Psychological i	rades rds t results		
Please include Florida Sta	andards Assessments, End of Cours	se Assessments, and the Flo	orida Student Number, if	
applicable. Faxed copies	are acceptable.			
Thanks,				
Melanie Allen, Registrar				
Parent/Guardia Name		Parent/Guar	dian Signature	
Complete name and addre	ess of previous school attended:			
		Phone #		
		Fax #		

"The Leon County School District does not discriminate against any person on the basis of sex (including transgender status, gender nonconforming, and gender identity), marital status, sexual orientation, race, religion, ethnicity, national origin, age, color, pregnancy, disability, or genetic information."