



Request for Student Records

Date of Request: _____

Name of Previous School: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Student's Information

Legal Name:	Last	_____
	First	_____
	Middle	_____

Birth Date: _____ Last date of attendance _____

Grade Level: _____ (approx.): _____

Signature of Parent/Guardian: _____

The following records are hereby requested:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Transcripts or report cards | <input checked="" type="checkbox"/> Discipline records |
| <input checked="" type="checkbox"/> Test data / standardized test scores | <input checked="" type="checkbox"/> Immunization records |
| <input checked="" type="checkbox"/> Behavior Reports | <input checked="" type="checkbox"/> Health / medical records |
| <input checked="" type="checkbox"/> List of courses and grades at time of withdrawal | <input checked="" type="checkbox"/> Sports physical documentation |
| <input checked="" type="checkbox"/> Attendance records | <input checked="" type="checkbox"/> Psychological records |
| <input checked="" type="checkbox"/> Individual Literacy Plan (if applicable) | <input checked="" type="checkbox"/> Sociological records |
| <input checked="" type="checkbox"/> IEP (Individual Education Plan) if applicable | <input checked="" type="checkbox"/> Copy of birth certificate |
| <input checked="" type="checkbox"/> 504 Plan (if applicable) | <input type="checkbox"/> Other _____ |

Signature of Requesting School Representative:

Cathy Anderson, Vice Principal, Director of Admissions and Guidance

Signature Typed name indicates electronic signature Title Date

Please email to:

admissions@parkhurst.org