

RETURN THIS FORM TO THE RECORDS CLERK, ROOM 212
A 2 Week Notice is requested in order to copy and prepare the
High School Admissions Packet

HIGH SCHOOL ADMISSION RECORDS REQUEST

Date of Request: _____

Student Name: _____

Date of Birth: _____

Person Requesting Records: _____
(Name and Relationship)

Contact Phone: _____

We will call you when the records are ready.

Name and Address of High School(s): _____

Which Reports Are Needed?

_____ Academic Reports Grades 6, 7, 8
(most current report)

_____ Test Scores Grades 6, 7, 8:

_____ ECE / IEP Forms Upon Request Only

Parent/Guardian Signature: _____

Date: _____

School Staff Signature: _____

Date: _____