

FORT ANN CENTRAL SCHOOL DISTRICT

Request for Student Records

Date of Request: _____

Originating School or Institution

Name of Previous School or Agency: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Student's Information

Last Name: _____ First Name: _____ Middle: _____

Date of Birth: _____ Grade Level: _____

Date of Last Attendance: _____

Signature of Parent/Guardian (if available): _____

The following records are hereby requested:

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

Signature of Requesting School Representative:

Signature

Title

Date

PLEASE MAIL TO:

Mrs. Krista Crosbie, Guidance/Registration Secretary
Fort Ann Central School District
1 Catherine Street
Fort Ann, NY 12827
(518)639-5594, ext. 52101
Fax: (518)639-4341
kcrosbie@fortannschool.org