

Request for Student Records

Date Requested: _____

Originating School or Institution:

Name of Previous School: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Fax #: _____

Student Information:

First Name: _____ Last Name: _____

Birth Date: _____ Student Number: _____

Previous Grade: _____ Grade Going Into: _____

Signature of Parent / Guardian: _____

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 or Fax To:

Free Horizon Montessori PK-8
15920 W. 10th Ave. • Golden, CO 80401
303.982.0275 Telephone 303.982.0274 Facsimile