

STUDENT INFORMATION RELEASE FORM

Brentwood School District



McGrath ELEMENTARY SCHOOL

2350 St. Clair AV, Brentwood, Missouri 63144

phone: 314-962-6824 fax: 314-962-6541 www.brentwoodmoschools.org

Dr. Cynthia Neu, Principal

Name of Student: _____
(Last name) (First name) (Middle name)

Date of Birth: _____ Present Grade: _____

I hereby give my permission to (Please Print) : _____
(Name of Sending School)

(Address) (City) (State) (Zip Code)

(Main Number) (Fax Number)

To release all records to the Brentwood School District, ***all records (in their entirety) must be provided before enrollment is allowed in the Brentwood Public Schools.*** The *Safe Schools Act* requires that the following information be released in writing within five (5) school days:

- Academic records including testing
- Discipline records – within 5 days
- Health records
- Attendance records

(Print Name of Parent/Guardian)

(Signature of Parent/Guardian) (Date)

To be completed by school releasing information:

Please provide student's Missouri State ID number, if applicable _____

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | This student has an IEP and received special education services. (If yes, attach IEP and documentation). |
| <input type="checkbox"/> | <input type="checkbox"/> | This student has a 504 Plan (If "yes", please attach). |
| <input type="checkbox"/> | <input type="checkbox"/> | This student is presently under suspension and/or expulsion. |
| <input type="checkbox"/> | <input type="checkbox"/> | This student withdrew from school while under consideration of suspension and/or expulsion. |
| <input type="checkbox"/> | <input type="checkbox"/> | Complete discipline records are attached. |

Form must be completed and signed by Principal or Assistant Principal

Name (Please Print) _____

(Signature) (Title) (Date)