

REQUEST FOR RECORDS

Please send official school records for:

Student's Legal Name: _____

Date of Birth: ____/____/____ Grade Level at Previous School: _____

Records are requested from:

Previous School's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax/Email: _____

PLEASE INCLUDE:

- | | | |
|---|--|--|
| <input type="checkbox"/> Immunizations | <input type="checkbox"/> Birth certificate | <input type="checkbox"/> Transcripts |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> IEP and most recent evaluation | <input type="checkbox"/> Grades obtained |
| <input type="checkbox"/> Withdrawal grades | <input type="checkbox"/> Health records | <input type="checkbox"/> WIDA scores |
| <input type="checkbox"/> Discipline records | <input type="checkbox"/> Psychological services | <input type="checkbox"/> 504 accommodations |
| <input type="checkbox"/> Social worker involvement | <input type="checkbox"/> Attendance | <input type="checkbox"/> Standardized test results |
| <input type="checkbox"/> LEP/ESL/ELL/or multi-lingual information | (including first/last date of attendance at your school) | (MN schools include ACCESS, MCA, GRAD, and BST scores when possible) |
| <input type="checkbox"/> All of the Above | | |

Student is applying to attend the following school in St. Louis Park Public Schools:

Date student is requesting to start: _____ Grade level student is requesting: _____

Request for Records is authorized by parent/guardian or enrollment center staff

Printed name of parent/guardian/staff Signature of parent/guardian/staff Date

SEND RECORDS TO:

- | | |
|---|--|
| <input type="checkbox"/> District Enrollment Center Grades K-5
6311 Wayzata Blvd.
St. Louis Park, MN 55416
Fax: (952) 928-6020
Email: enrollment@slpschools.org
Phone: (952) 928-6000 | <input type="checkbox"/> St. Louis Park High School
6425 W. 33rd St.
St. Louis Park, MN 55426
Fax: (952) 928-6238
Email: armendariz.sandra@slpschools.org |
| | <input type="checkbox"/> St. Louis Park Middle School
2025 Texas Ave. S.
St. Louis Park, MN 55426
Fax: (952) 928-6383
Email: ohara.bridgid@slpschools.org |