



# Oxnard School District

1051 South 'A' Street – Oxnard, California – 93030 - [www.oxnardsd.org](http://www.oxnardsd.org)

## ENROLLMENT CENTER

MAIL ALL INFORMATION TO - 925 So. "A" St., Oxnard, Ca 93030  
PHONE#: (805)385-1515 FAX#: (805)487-2050

To: \_\_\_\_\_ From: \_\_\_\_\_  
Phone#: \_\_\_\_\_ Pages#: \_\_\_\_\_  
Fax#: \_\_\_\_\_ Date: \_\_\_\_\_  
Email: \_\_\_\_\_ CC: \_\_\_\_\_  
Notes: \_\_\_\_\_

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### REQUEST AND APPROVAL TO REQUEST STUDENT RECORDS OR INFORMATION

*(Solicitud y aprobación para solicitar archivo(s) o información de su estudiante)*

Name of student/*Nombre del estudiante*: \_\_\_\_\_

Birthdate/*Fecha de nacimiento*: \_\_\_\_/\_\_\_\_/\_\_\_\_

School last attended/*Nombre de la escuela que asistió*: \_\_\_\_\_

School address/*Domicilio de la escuela*: \_\_\_\_\_

Last day of attendance/*ultimo día que asistió*: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please include in cum/*favor de incluir*: Transcripts: \_\_\_\_ Program placement: \_\_\_\_ Health: \_\_\_\_  
Report Card(s): \_\_\_\_ Legal docs (if applicable): \_\_\_\_

Name of parent or Guardian/*Nombre del padre o tutor*: \_\_\_\_\_

Parent Signature/*Firma del padre o tutor*: \_\_\_\_\_

Comments: \_\_\_\_\_

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**ENROLLMENT CENTER USE ONLY:**

Faxed: \_\_\_\_\_ Logged in Q: \_\_\_\_\_ Received cum: \_\_\_\_\_ ELS: \_\_\_\_\_ Sent to school: \_\_\_\_\_