

**NOTICE OF ENROLLMENT
REQUEST FOR TRANSFER OF RECORDS**

DATE: _____

FROM: _____ (School Name)

Records Request:

School _____

Address _____

City & State _____

Phone _____

Student _____

Birthdate _____

Current Grade _____ Date of Enrollment _____

The above student has enrolled in our school. Please transfer all education records to:

School
Address

Please fax immunization and birth certificate records to _____

And send remainder of records at your earliest convenience. Thank you

NOTICE TO PARENT: 1) Your child's previous school is required to transfer all educational records to Tigard-Tualatin School District. Should your child in the future be withdrawn and enrolled in another school, his or her records will be forwarded to the new school district. 2) You have the right to review and inspect your child's records and to request they be amended if you believe they are inaccurate or misleading. For complete information of your rights regarding your child's records, please refer to the Student Rights and Responsibilities Handbook.

Office Use Only

FAX # _____

Date _____

Initials _____