



AVA R-1 SCHOOL DISTRICT / AVA, MO 65608



Ava Elementary School - Grades K-4th

REQUEST FOR RELEASE OF STUDENT SCHOOL TRANSCRIPT RECORDS

NAME OF LAST SCHOOL ATTENDED: _____

LAST SCHOOL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE #: _____

The student(s) listed below have enrolled in our school district.

Student Name: _____ Date of Birth: _____ Grade: _____

Student Name: _____ Date of Birth: _____ Grade: _____

Student Name: _____ Date of Birth: _____ Grade: _____

(Parent/Guardian Signature)

Date

Federal Law 99.31 - No parent signature required for educational records sent to another educational agency.

Office Use Below:

Please forward RECORDS to the FOLLOWING ADDRESS:

Attn: Registrar, Dakotah Jones

Ava Elementary School

P.O. Box 338 Ava, MO 65608

Phone: (417)683-5450

Fax: (417) 683-9010

Email: djones@avabears.net

_____**FAX - Immunization and Health Records**

_____**Birth Certificate**

_____**Cumulative Permanent School Records**

_____**Withdrawal Grades**

_____**Discipline Records / Is the student presently suspended or expelled? YES or NO**

_____**Attendance Records**

_____**School Meal Services Received Verification**

_____**Legan Documents pertaining to guardianship and/or parental rights**

_____**Testing Information that will help place the student**

_____***Active IEP & Evaluation Reports***

SPECIAL EDUCATION RECORDS should be sent SEPARATELY TO:

Ava Schools Spec Ed Office / Attn: Melissa Dalton

Phone (417) 683-3809 / Fax (417) 683-4227