

# BUCKEYE



## Buckeye School of the Arts

*To perform, to create, to dream...to succeed!*

SCHOOL of the ARTS

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Date Enrolled: \_\_\_\_\_

I hereby authorized that my child's PERMANENT AND CONFIDENTIAL RECORDS be sent to the Gateway United School District from:

School Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Please send records, **including Special Ed Records**, in care of the School Secretary to:

Buckeye School of the Arts  
3407 Hiatt Drive  
Redding, CA 96003

Phone: (530) 225-0420  
FAX: (530) 225-0402

\_\_\_\_\_  
Childs Name

\_\_\_\_\_  
Birthday

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
School Secretary's Signature