



Gallia County Local Schools
 4836 State Route 325, Patriot, OH 45658
 Phone 740-379-9085 Fax 740-379-9138
 www.gallialocal.org

District IRN# 065680

REQUEST FOR ENROLLMENT RECORDS

Student's Name _____ Grade _____ Date of Birth ____/____/____ Age _____ Gender _____

Please release the following records:

- All standardized/state test/ACT scores*
- Current health/immunization records and **physical***
- Custody or court documents with school district education cost responsibility*
- UP TO DATE and SIGNED psychological reports, IEP, special education, and gifted records**
- Student's Ohio SSID#*
- Copy of birth certificate and social security card*
- Current schedule with current alpha/numerical grades*
- Up to date transcript from **ALL** previous attended schools*

Previous School _____ Previous School District _____
 I release _____ from any legal liability for giving information to GCLS by signing this form.
 Address _____ City _____ State _____ Zip _____
 Phone _____ Fax _____ Previous School IRN# _____

GCLS Building to attend _____
 Student attended AE ___ HTE ___ RVHS ___ RVM ___ SGHS ___ SGM ___ SWE ___ VE ___ SODA ___
 Open Enrollment from _____

Primary Language _____ Native Language _____

Race/Ethnicity White ___ Black/African American ___ Asian ___ American Indian/Alaskan Native ___
 Native Hawaiian/Pacific Islander ___ Hispanic/Latina ___ Other _____

Special Programs ETR ___ IEP ___ Disability _____ 504 Plan ___ Birth City/State _____

Court/Foster Place ___ Court Documents ___ School District responsible for education _____

Guardian Name _____	Guardian Name _____	Parent Name _____	Parent Name _____
Phone _____	Phone _____	Phone _____	Phone _____
Email _____	Email _____	Email _____	Email _____

I release GCLS and its staff from any legal liability for disclosing or acquiring information which I have permitted by signing this form.

Parent/Guardian Signature _____ Date ____/____/____

Penny Coon
 Administrative Assistant

gl_pcoon@gallialocal.org

Ext 10012

