



BUCKEYE SCHOOL OF THE ARTS

3407 Hiatt Drive
Redding, CA 96003
(530) 225-0420
ATTN: Tina Hnyp
bsa_registrar@gwusd.org

GRAND OAKS ELEMENTARY

5309 Grand Avenue
Shasta Lake, CA 96019
(530) 275-7040
ATTN: Amber Monroe
amonroe@gwusd.org

SHASTA LAKE SCHOOL

4620 Vallecito Street
Shasta Lake, CA 96019
(530) 275-7020
ATTN: Kim Wright
kwright@gwusd.org

CENTRAL VALLEY HIGH SCHOOL

4066 La Mesa Avenue
Shasta Lake, CA 96019
(530) 275-7075
ATTN: Danielle Tweedy
dtweedy@gwusd.org

MOUNTAIN LAKES HIGH SCHOOL

17752 Shasta Dam Blvd
Shasta Lake, CA 96019
(530) 275-7000
ATTN: Leslie Musser
lmusser@gwusd.org

GATEWAY COMMUNITY DAY SCHOOL

17752 Shasta Dam Blvd
Shasta Lake, CA 96019
(530) 275-7000
ATTN: Leslie Musser
lmusser@gwusd.org

GATEWAY EDUCATIONAL OPTIONS

17752 Shasta Dam Blvd
Shasta Lake, CA 96019
(530) 245-7960
ATTN: Linsey Chacon
lchacon@gwusd.org

SPECIAL EDUCATION DEPARTMENT

4411 Mt. Lakes Blvd
Redding, CA 96003
(530) 245-7924
SCOE Mailbox #44
SPED@gwusd.org

GATEWAY UNIFIED SCHOOL DISTRICT STUDENT RECORDS REQUEST

Previous School's Name: _____

Mailing Address: _____

City, State, Zip: _____

Attention: _____

Fax/Email: _____

STUDENT INFORMATION

Student's Name: _____

Date of Birth: _____ Grade: _____

EDUCATIONAL RECORDS REQUESTED

The student named above has registered within the Gateway Unified School District. Please forward the following educational records at your earliest convenience:

EMAIL / MAIL

Complete Cumulative Folder/File

Current Grades/Transcripts

Immunization and Health Records

Attendance/Discipline History

SARB/EXPULSION Contract(s)

Current IEP/504 (if applicable, email to sped@gwusd.org)

Confidential File (if applicable, mail to Gateway Unified School District, Special Education Department, 4411 Mountain Lakes Blvd, Redding, CA 96003)

Please include a copy of this form with the requested records.

Date Requested: _____