INDEPENDENT SCHOOL DISTRICT 196
Rosemount-Apple Valley-Eagan Public Schools
Educating, developing, and inspiring our students for lifelong success

Series Number **501.1.3P** Adopted **September 1981** Revised **June 2024**

Title **Request for Records for New Registrants**

TO: _____ _____
Principal Date

_____ _____
School Telephone number

_____ _____
Address Fax number

_____ _____
City/state/zip Email address

The following individual(s) have registered as students in Independent School District 196 on _____.
Date

_____ _____ _____
Student's legal name Date of birth Grade

_____ _____ _____
Student's legal name Date of birth Grade

_____ _____ _____
Student's legal name Date of birth Grade

_____
Address

_____
City/state/zip

_____
Name of parent or guardian (please print) Signature of parent or guardian (if required by sending district)

Please forward the following records for the above-named student(s) to the address below:

A. Transcript or cumulative folder (date of birth, name of parents or guardians, address, dates of attendance, days absent, courses taken, grades obtained, rank in class, over-all grade average, activities participated in and standardized test scores)
B. Health records, including immunization records and athletic physicals
C. Grades at time of withdrawal
D. Special education records, including current IEP and most recent assessment data. If your school uses SpEd Forms, please share the SpEd Forms file with: _____ If your school does not use SpEd Forms, special education records can be sent to the address below.
E. Discipline records
F. Any other records that you have on this student

Thank you for your cooperation.

_____
Principal/counselor/registrar

_____ _____
Telephone number School

_____ _____
Fax number Address

_____ _____
Email address City/state/zip

c: Cumulative folder