



**Richards R-V School District**  
**2024/2025 Enrollment Forms**

**Student Records Request**

In accordance with State and Federal Law, this form authorizes the Richards R-V School District to request written and verbal information for the purpose of legitimate educational interests and planning for:

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_

Address \_\_\_\_\_

Previous School Name: \_\_\_\_\_ Grade Last Attended: \_\_\_\_\_

\_\_\_\_\_  
(parent/guardian signature)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

**FOR OFFICE USE**

**MOSIS information for Missouri Schools**

Date of request: \_\_\_\_\_ Student will start when records have been received.

The following records are requested:

- \_\_\_ Cumulative school records including, but limited to:
- \_\_\_ MOSIS ID number \_\_\_\_\_
- \_\_\_ Standardized test
- \_\_\_ Health/Immunization Records
- \_\_\_ Attendance
- \_\_\_ Disciplinary Reports
- \_\_\_ Withdrawal Grades
- \_\_\_ Birth Certificate
- \_\_\_ Multi-Disciplinary Team Reports / Evaluation Reports (ER)
- \_\_\_ Individual Education Plan (IEP)
- \_\_\_ Section 504 Records and Plans
- \_\_\_ Psychological testing results
- \_\_\_ Speech/language/hearing results
- \_\_\_ Occupational therapy results
- \_\_\_ Physical therapy results
- \_\_\_ Other: \_\_\_\_\_

**Records are requested from:**

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

Fax: \_\_\_\_\_

**Records should be sent to:**

Attn: Mrs. Bryant, School Counselor

Fax (417)256-3314

Email: [tbryant@richardsschool.k12.mo.us](mailto:tbryant@richardsschool.k12.mo.us)

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