



WHEATLAND-CHILI CENTRAL SCHOOL DISTRICT
STUDENT RECORDS REQUEST FORM

SCHOOL INFORMATION

Last School Attended: _____

Dates Attended From: _____ To: _____

School Address: _____

School Phone Number: _____ Fax Number: _____

STUDENT INFORMATION

Full Name of Student: _____ Date of Birth: _____ Last Grade Attended: _____

Full Name of Student: _____ Date of Birth: _____ Last Grade Attended: _____

Full Name of Student: _____ Date of Birth: _____ Last Grade Attended: _____

Parent/Guardian Signature: _____ Date: _____

The Wheatland-Chili Central School District is requesting the following information for the above students:

- Permanent Record Information
- State Assessments & Standardized Test Results
- Current Grades to Date
- Health Record Information
- Discipline Record
- Special Education Testing, Individualized Education Plan (IEP), 504 Plan, PT, OT, Speech
- Any Other Pertinent Information

Please fax or mail the requested information to the school indicated below:

<input type="checkbox"/>	T.J. Connor Elementary School – Main Office 13 Beckwith Avenue, Scottsville, NY 14546	Tel: (585) 889-6236 Fax: (585) 889-8227
<input type="checkbox"/>	Wheatland-Chili Middle School/High School Counseling 940 North Road, Scottsville, New York 14546	Tel: (585) 889-6232 Fax: (585) 889-6217