



REQUEST FOR RECORDS

Please send official school records for:

Student's Legal Name: _____

Date of Birth: ____/____/____ Grade Level at Previous School: _____

Records are requested from:

Previous School's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax/Email: _____

PLEASE INCLUDE:

- | | | |
|---|---|---|
| <input type="checkbox"/> Immunizations | <input type="checkbox"/> Birth certificate | <input type="checkbox"/> Grades obtained |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> IEP and most recent evaluation | <input type="checkbox"/> WIDA scores |
| <input type="checkbox"/> Withdrawal grades | <input type="checkbox"/> Health records | <input type="checkbox"/> 504 accommodations |
| <input type="checkbox"/> Discipline records | <input type="checkbox"/> Psychological services | <input type="checkbox"/> Standardized test results (MN schools include ACCESS, MCA, GRAD, and BST scores when possible) |
| <input type="checkbox"/> Social worker involvement | <input type="checkbox"/> Attendance
(including first/last date of attendance at your school) | |
| <input type="checkbox"/> LEP/ESL/ELL/or multi-lingual information | <input type="checkbox"/> Transcripts | |
| <input type="checkbox"/> All of the Above | | |

The student is applying to attend the following school in St. Louis Park Public Schools:

Date student is requesting to start: _____ Grade level student is requesting: _____

Request for Records is authorized by parent/guardian or Enrollment Center staff

Printed name of parent/guardian/staff

Signature of parent/guardian/staff

Date

SEND RECORDS TO (Email or Fax):

St. Louis Park High School
 (Grades 9-12)
 6425 W. 33rd St.
 St. Louis Park, MN 55426
 Fax: 952-928-6238
 Email: fisher.kimberly@slpschools.org

St. Louis Park Middle School
 (Grades 6-8)
 2025 Texas Ave. S.
 St. Louis Park, MN 55426
 Fax: 952-928-6383
 Email: ortt.kayla@slpschools.org