

HIGH SCHOOL ADMISSION RECORDS REQUEST

RETURN THIS FORM TO THE FRONT DESK SECRETARY

A 2 week notice is requested in order to copy and prepare the High School Admissions Packet.

Date of Request: _____

Student Name: _____

Date of Birth: _____

Person Requesting Records: _____
(Name & Relationship)

Contact Info: _____
(Phone # & email address)

Name and Address of High Schools: _____

Which reports are needed?: _____ Academic Report Grades 6, 7, 8
(most current report)
_____ Test Scores Grades 6, 7, 8
_____ ECE / IEP / 504 Forms Upon Request Only

Parent/Guardian Signature: _____

Date: _____