CLARK HIGH SCHOOL

Records Request

Date: _____

School: _____ City,State:_____

Fax: _____

RE: Student Name_____

Date of Birth: _____ Grade: _____

The captioned student is enrolling at Clark High School. Please provide the following:

☐ Transcript (fax unofficial/mail official)

☐ Birth Certificate

☐ Immunization Records

☐ Exit form (please provide withdrawal grades)

☐ IEP (if applicable)

I verify that I am the parent/legal guardian of the captioned student.

I authorize Clark High School to request and receive my child's school records.

_____Parent/Guardian Signature _____Date

Thank you,

Clark High School

sharpgi@nv.ccsd.net

4291 Pennwood Ave.

Las Vegas, NV 89102

Phone: 702-799-5800 x4065

Fax: 702-799-5813