AVA R-1 SCHOOL DISTRICT / AVA, MO 65608

Ava High School / Grades 9-12

REQUEST FOR RELEASE OF STUDENT SCHOOL TRANSCRIPT RECORDS

The student listed below has enrolled in our school district.

Student Name:_____ **Date of Birth**:_____ **Grade:**_____

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Previous School Information

School Name:_____ **Phone #:** _____

Full Address: _____

Did your student attend Homeschool? YES or NO
Was your student enrolled in an accredited homeschool program? YES or NO

Release Consent:

I give Ava R-1 School District consent to obtain my student's previous records as listed below.

_____ _____
(Parent/Guardian Signature) **Date**

Federal Law 99.31 - No parent signature required for educational records sent to another educational agency.

Office Use Below:

Please forward RECORDS to the FOLLOWING ADDRESS:

Attn: Registrar
PO Box 338 Ava, MO 65608
Phone: (417)683-4717
Email: registrar@avabears.net

_____Birth Certificate & Social Security Card (if available)

_____Cumulative Permanent School Records

_____Withdrawal Grades

_____Attendance Records

_____Discipline Records / **Is the student presently suspended or expelled? YES or NO**

_____Behavioral Threat Assessment and/or Personal Safety Plans

_____Legal Documents of Guardianship and/or Parental Rights

_____Immunization and Health Records

_____School Meal Services Received Verification

_____Testing Information
Examples: State Testing Scores (EOC, etc.), ACT Score, ASVAB Scores,
CPR Certification, Civics Test, US and/or State Constitution Test

_____Active IEP/504 & Evaluation Reports
***SPECIAL EDUCATION RECORDS should be sent **SEPARATELY** to:
SPED Office / Attn: Courtney Johnson / Phone (417) 683-3809 /courtneyjohnson@avabears.net