

SIDNEY CITY SCHOOLS REQUEST FOR STUDENT'S RECORDS

Student Name _____

Date of Birth _____ Age _____ Gender: Male Female

Current Grade _____ Last Completed Grade _____ Last Date of School Attendance _____

Student New Address _____

City _____ State _____ Zip _____ Phone # _____

Previous School Name _____

Previous School Address _____

City _____ State _____ Zip _____ Phone # _____

Yes No Does student receive special education services through an Individualized Education Program (IEP)?

Yes No Does student have a Section 504 Accommodation Plan?

The student is being enrolled for the following reason:

- | | |
|---|--|
| <input type="checkbox"/> Parent/Guardian now resides in our district | <input type="checkbox"/> Board approved superintendent's agreement |
| <input type="checkbox"/> Student resides in district & returning from open enrollment | <input type="checkbox"/> Student approved on Open Enrollment |
| <input type="checkbox"/> Foster/Court placed | <input type="checkbox"/> Student leaving a non-public school |
| <input type="checkbox"/> Board approved grandparent clause | |

PARENT/GUARDIAN AUTHORIZATION FOR RELEASE:

I hereby authorize the school, institution, or individual indicated above to release and/or provide access to the records checked below.

Signature: _____ **Date:** _____
(Parent, Legal Guardian)

FOR OFFICE USE ONLY:

Records Requested:

- Official Administration Records including Grades
- All grade appropriate Test Scores
- Attendance Records (Current Year)
- Medical/Immunization Records
- Birth Certificate
- Custody Document, if applicable

Special Education Records Requested:

- Please send ALL Special Education records that may apply:
IEPs – current IEP and Psychological Evaluation/
Multifactorial Evaluation and EMIS worksheet
- Other: _____

Please scan and email records to:

- Board of Education Office**, 750 S. Fourth Ave., Sidney, OH 45365..... Email: shamara.foy@sidneycityschools.org..... Fax: 937-497-2211
- Special Education Records**, 750 S. Fourth Ave., Sidney, OH 45365..... Email: lola.fair@sidneycityschools.org..... Fax: 937-497-2209

Date Records Requested: _____

Dates Records Received: _____

IRN# for last district attended: _____

IRN # to transfer records to: _____

Effective Date for Withdrawal: _____

EXPECTED Date for Admission: _____