

REQUEST FOR RECORDS

DATE: _____

TO: PRINCIPAL/GUIDANCE DEPARTMENT

SCHOOL _____

ADDRESS _____

School – Please return this form with the student’s records.

We would appreciate you sending the school records for:

Name of student _____

Date of Birth _____

Grade _____

_____ Please send the records including grades, your grading scale and withdrawal grades if applicable.

_____ Please send records of ninth through twelfth grade course, grades, your grading scale and credits earned in each course. Include test scores and withdrawal grades if applicable.

_____ Please send records of any applicable Ohio Proficiency Test Scores, i.e. 4th, 6th, and 9th grade proficiency tests and the 3rd Grade Reading Guarantee test results and plan.

_____ Please include Birth Certificate, Immunization Records, and custody papers if applicable.

_____ Please send a copy of the current I.E.P. and Evaluation Team Report (ETR) if applicable.

Signature of Parent/Guardian _____

Thank you for your cooperation.

Please send records to: JACKSON CITY SCHOOLS / DIRECTOR OF PUPIL PERSONNEL
450 Vaughn Street
Jackson, Ohio 45640
Phone: (740) 286-7817 Fax: (740) 286-7835
Email: gbierhup@jcs.k12.oh.us

PLEASE PROVIDE YOUR DISTRICT IRN: _____

Has this student been retained? _____ What grade was retention? _____

If your district uses DASL, please transfer child to our district using IRN 044156.