

*Schools should have forms printed on their own letterhead*

**STUDENT RECORDS REQUEST**

(Appendix 12)

Last School Name/Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**STUDENT NAME** **DOB** **GRADE ENROLLING IN**

One of your former students has enrolled in the above listed Charlotte County Public School. Please send us the following information:

- 1. TRANSCRIPT**
  - The date of entry and withdrawal.
  - All subjects and grades to the date of withdrawal.
  - If all grades are in numerical form, please include a grading scale and explanation of grading system.
- 2. PSYCHOLOGICAL AND/OR SPECIAL PLACEMENT RECORDS**
  - Any psychological and/or special placement data (Exceptional Student Education Classes, Learning Disabilities, 504, I.D.E.A., Chapter 1, Dropout Prevention, ELL (ESOL), etc.) **If records are housed elsewhere, please forward a copy of this request to the appropriate office.**
- 3. HEALTH RECORDS**
  - 680 immunization form, physical form, medications, birth certificate
- 4. STATE ASSESSMENT TEST SCORES** (if applicable)
  - Florida FCAT, FAIR, End of Course Exams (EOC), SAT, ACT, PERT
- 5. HIGH SCHOOL COURSE** (if applicable)
- 6. GRADUATION REQUIREMENTS** (if applicable)
- 7. DISCIPLINE FILE**
- 8. ATTENDANCE RECORD**

Thank you for your cooperation.

Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_