

Student Records Request

La Center School District, No. 101
La Center, Washington



Form Sent _____
Records Received _____

Student Legal Name: _____ Date of Birth: ___/___/___
Other Names Used: _____ Grade: _____

Previous School Information

School Name: _____
School Address: _____
City, State, Zip Code: _____
Phone: _____ Fax: _____

The student listed above has registered at the following school:

<input type="checkbox"/> La Center Elementary School PO Box 1810 La Center, WA 98629 P: 360-263-2134 F: 360-263-2133 E: joyce.hantho@lacenterschools.org	<input type="checkbox"/> La Center Middle School PO Box 1750 La Center, WA 98629 P: 360-263-2136 F: 360-263-5936 E: jan.richards@lacenterschools.org	<input type="checkbox"/> La Center High School PO Box 1780 La Center, WA 98629 P: 360-263-1700 F: 360-263-5577 E: beth.marshall@lacenterschools.org	<input type="checkbox"/> La Center Home School Academy PO Box 1780 La Center, WA P: 360-263-2131 Ext. 230 F: 360-263-5577 E: beth.marshall@lacenterschools.org
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Please send copies of all permanent records that will assist in planning and carrying out this student's educational program including, but not limited to:

- Birth Certificate (Fax ASAP)
- State Assessment Scores
- Discipline Records
- Academic History/Report Cards/Withdrawal Grades
- Culminating Project/HS & Beyond Plan
- Immunizations (Fax ASAP)
- Attendance History
- Official Transcript (Fax Unofficial Transcript ASAP)
- Fines/Fees
- Health Records

SENDING SCHOOL--Please indicate if this student was enrolled in any special programs and return a copy of this form with records for these programs:

- ELL Gifted/Highly Capable 504 Plan Title I/LAP Math Title I/LAP Reading
- Special Education--Please circle what area(s) student was served and include the most recent IEP and assessment: Reading/Writing/Math/Behavior/Social/OT/Speech
Placement: Inclusion/Resource Room/Self-Contained/Life Skills
IEP Case Manager: _____ Phone Number: _____

For internal use—Copy sent to Special Education Department

As provided under the Family Educational Rights and Privacy Act (FERPA), I understand that I may obtain a copy of my child's educational records. I am aware that I may challenge the content of these records. I also understand that the school will treat these records confidentially and that the records will not be disclosed to a non-educational agency without my written permission.

Parent/Guardian Signature: _____ Date: _____

Registrar Signature: _____ Date: _____