



REQUEST FOR STUDENT RECORDS

RE: _____ GRADE THIS YEAR: _____ DATE OF BIRTH: _____

PARENTS: _____ PHONE: _____ SIGNATURE: _____

PREVIOUS SCHOOL ADDRESS:

The aforementioned student has applied for enrollment or is enrolled at our school. The parent(s), by their signature, agree to a free and open exchange of all information checked below with and between school staff and professionals providing services to their child and St. Michael so that their child may receive the best services possible. The parents have requested that their child be enrolled in the aforementioned grade level and have given us the aforementioned phone number and address.

We would appreciate receiving the following records:

Health Records

1. Immunization information
2. Physical forms
3. Dental examination form
4. Vision & Hearing information

Academic Records

5. Attendance information
6. Classroom grade reports
7. Achievement testing results
8. Any IEP (Individual Education Plans) information

A letter of reference (Former instructor, etc...)

Any Psychological Records

FLORIDA SCHOOLS PLEASE NOTE: In accordance with the final regulations

According to the Final Regulations-Family Education Rights and Privacy Act (Buckley Amendment) dated June 17, 1976 (Vol. 41 No. 118-24673) it is no longer necessary to obtain consent to release records. It states that school official, including teachers within the educational institution and officials of other schools in which the student may intend to enroll, may receive a student's record without written consent for such release. In Florida, see Florida Statutes 228.093 and State Board of education Rule 6A-1, 955.

Previous School Official: Please check the appropriate box:

- I hereby attest that the above student is "in good standing" and that all medical records for the above student are up-to-date and complete as of the date of this form.
- I hereby attest that the above student is not "in good standing" due to a current suspension and/or expulsion as documented in the student's temporary records.
- The above student's medical records are not up-to-date and complete as documented in the student's permanent records.

Name of Official:

School Phone:

County:

Please return this form with the student's records. Send this information to the address below. If you have any questions or special comments please call me at the number listed below. Thank you for your prompt reply.

In Christ, Robert J. Ziegler, Principal
Saint Michael Lutheran School 3595 Broadway Fort Myers, FL 33901-8021 (239) 939-1218 WWW.SMLCS.ORG