



STUDENT RECORDS REQUEST

(Appendix 12)

Previous School Name/Address

Telephone _____

STUDENT NAME	DOB	GRADE
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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**
 - Physicals, medications and immunizations
4. **STATE ASSESSMENT TEST SCORES** (if applicable)
5. **HIGH SCHOOL COURSE CONTENT** (if applicable)
6. **GRADUATION REQUIREMENTS** (if applicable)
7. **DISCIPLINE FILE**

Thank you for your cooperation.

Signature/Title _____ Date _____