|  |
| --- |
| **Please return records to:** |
| School Name |
| School Address |
| City, State Zip |
| Phone:  | Phone # |
| Fax:  | Fax # |

# http://cpsnet.columbus.k12.oh.us/applications/cpsnet.nsf/be882ee9e19ab57886256c93006f51c8/2e4f3d9a1913b0c985257fe7004e88b8/$FILE/CCS%20LOGO%20STACKED.002.jpg/CCS%20LOGO%20STACKED.jpg

*Mission: Each student is highly educated, prepared for leadership and service, and empowered for success as a citizen in a global community.*

**Records Request Form**

Date of Request: Date

Student Name: Student Name

Date of Birth: DOB

Present Grade Level: Grade

Enrollment Date: Date

|  |  |
| --- | --- |
| **Receiving School** | **Sending School Withdraw date: Date** |
| Columbus City School District – IRN 043802 | School Name IRN #: IRN |
| [ ] Open Enrollment | **School Name**  |
| [ ] Resident Student | Address |
| [ ] Custody/Foster Placement | **Address** |
| [ ] Special Education | City, State Zip Code |
|  | **City State Zip Code** |

***Please complete form, make a copy for your records and return it with the student records requested below***.

**CUMULATIVE RECORD INFORMATION**

[ ] Transcript/Report Card

[ ] Current Grade up to date of Withdrawal

[ ] Date of Withdrawal

[ ] Attendance Records

[ ] Attendance Intervention Plan

[ ] Discipline Records

[ ] Standardized Test Scores

[ ] Immunization Records/Health Records

[ ] Custody Documentation

[ ] Copy of Birth Certificate

[ ] Reading Intervention Plan (K-3 if applicable)

[ ] Special Programs/Enrichments (i.e. Gifted/Talented)

**ADDITIONAL DOCUMENTS**

[ ] Current IEP (Individualized Education Program)

[ ] Current ETR (Evaluation Team Report)

[ ] Current Behavior Plan

[ ] Current 504

[ ] Observation Reports

[ ] Psychological Test Scores and Reports

***In accordance with the Family Educational Rights and Privacy, parental permission is no longer required when records are requested by authorized school personnel***

|  |  |  |
| --- | --- | --- |
| Principal’s Name |  | Date |
| *Principal* |  | *Date* |