|  |  |
| --- | --- |
| **Please return records to:** | |
| School Name | |
| School Address | |
| City, State Zip | |
| Phone: |
| 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:** |
| Columbus City School District – IRN 043802 |  |
| Open Enrollment | **School Name IRN#** |
| Resident Student |  |
| Custody/Foster Placement | **Address** |
| Special Education |
|  | **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* |  | *Date* |