



North Kingstown School Department

100 Romano Vineyard Way, Ste 120

North Kingstown, RI 02852

**Educate
Inspire
Challenge**

Record Request Form

Name of Former School: _____

Address of Former School: _____

Name of Student: _____

Current Grade: _____ DOB: _____

The above named student has registered for enrollment in the North Kingstown School District. We request that the student's records (including all, assessment results, discipline records, health records, special education records and a copy of free/reduced application and PLP if applicable, etc.) to be transferred to the following address:

If Special Education Records exist for this student please forward to:

NK School Dept., Pupil Personnel Services

50 East Ct.

North Kingstown, RI 02852

I approve the transfer of records requested by the North Kingstown School District.

Signature of parent or guardian

Date