**Weston Middle School**

Ann Vescio, Principal 205 E Wallace Street, Weston, OR 97886

Laura Rhodes, Secretary Phone (541) 566-3548 Fax (541) 566-2326

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REQUEST FOR STUDENT RECORDS

TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_

The above-named student has enrolled in our school.

Please **FAX** the following documents for placement as soon as possible:

 \_\_X\_\_\_ Transcript and withdrawal grades

\_\_X\_\_\_ Special education records if applicable: current IEP, eligibility and testing

\_\_X\_\_\_ 504 Plan/Talented and Gifted

\_\_X\_\_\_ Birth certificate and immunizations

Please mail us the records listed below, to the extent they exist:

\_\_X\_\_\_ Permanent Record (cumulative to the present)

\_\_X\_\_\_ Certificate of Immunization status & Health Record Folder

\_\_X\_\_\_ Special Education Records

\_\_X\_\_\_ Enrollment History

\_\_X\_\_\_ Behavioral records relating to suspension or expulsion

\_\_X\_\_\_ Other Program Records (Talented and Gifted, 504 Plan)

\_\_X\_\_\_ Cumulative Record Card

I waive the right to review my child’s records prior to transmittal.

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Parent/Guardian Signature Dated:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Filed Reviewed by Ann Vescio Dated:

Email to Jeremy: \_\_\_\_\_\_\_\_\_\_\_\_\_

Login Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email to Teachers: \_\_\_\_\_\_\_\_\_\_\_\_

Documents/documents/forms & binders cover/Student Records Request WMS-5-11-17.docx