

# Hamilton Elementary School

903 S. Wayne St.

Hamilton, IN. 46742

Phone: 260-488-2101 Fax: 260-488-3634



## RECORD REQUEST

Student Name: \_\_\_\_\_ Student Birth Date: \_\_\_\_\_

Present Grade Level: \_\_\_\_\_

Has your child ever been expelled from school? \_\_\_\_\_ yes \_\_\_\_\_ no

Does your child receive special services (i.e., speech, IEP, 504 plan, etc.) \_\_\_\_\_ yes \_\_\_\_\_ no

### **Previous School Information**

Name of School: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

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

### **Please send the following information:**

- |                                       |  |
|---------------------------------------|--|
| * Cumulative Folder _____             | * Custody Information _____                          |
| * Birth Certificate _____             | * Test Scores (ISTEP, NWEA, DIBELS, ECA, etc.) _____ |
| * Immunization & Health Records _____ | * Special Education IEP, Progress Reports _____      |
| * Indiana Home Language Survey _____  | * Psychoeducation Evaluation _____                   |
| * Grades to Date of Withdrawal _____  | * Section 504 Plan _____                             |
| * Attendance Records _____            | * Response to Instruction (RTI) Data _____           |
| * Discipline Records _____            | * Any other pertinent information _____              |

Authorization for release of student records.

**By signing below, I hereby authorize and request the transfer of all school records pertaining to my child to Hamilton Elementary School.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_