



# West Carrollton Schools

Student Services Copy

## Records Release



Parents: Please complete the top half of this form as part of your child's enrollment packet. Thank you.

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Does student have an IEP or receive special education services?

Previous School:

Yes \_\_\_\_\_ No \_\_\_\_\_

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

I hereby authorize the transfer of all school records for the above named student, to be released to (please check one):

West Carrollton Schools  
Special Services  
430 East Pease Avenue  
West Carrollton, OH 45449  
Phone: 937.859.5121 ext 1126  
Fax: 937.859.5250

Please scan and e-mail to: [hlane@wcsd.k12.oh.us](mailto:hlane@wcsd.k12.oh.us)

RECORDS TO BE RELEASED:

- Birth Certificate
- Health Records/Immunizations
- Custody Papers
- Grades (up to withdrawal date)

- 3<sup>rd</sup> Grade Reading Guarantee Scores
- SSID#
- State and standardized test scores
- Credits
- IEP/ETR/504 plan

\_\_\_\_\_  
*PARENT/GUARDIAN SIGNATURE*

\_\_\_\_\_  
*DATE:*

<i>WC Office Use Only</i>	<i>WC Office Use Only</i>	<i>WC Office Use Only</i>	<i>WC Office Use Only</i>
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Enrollment packet completed at Central Office on: \_\_\_\_\_

Initials: \_\_\_\_\_

Records Release faxed/mailed to previous school on: \_\_\_\_\_

Initials: \_\_\_\_\_