

Office use only: Enrollment date: _____ Student Number: _____

ALANSON PUBLIC SCHOOLS

7400 NORTH STREET, ALANSON, MI 49706
 CENTRAL OFFICE FAX: (231) 548-2132



TELEPHONE: (231) 548-2261
 K-12 OFFICE FAX: (231) 548-2165

REQUEST FOR EDUCATIONAL RECORDS

THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974: Section 99.34 states in summary that: Schools may send a student's educational record to officials of other schools or school systems in which the student seeks or intends to enroll, upon condition that the student's parents be notified of the transfer, receive a copy of the record, if desired, and have an opportunity to challenge the content of the record.

I have read the statement above. Please send the educational records of my child(ren) and any special education files:

| | Student # 1 | Student #2 | Student #3 |
|---------------------|-------------|------------|------------|
| First name | | | |
| Full middle name | | | |
| Last name | | | |
| Date of birth | | | |
| Grade | | | |
| City of birth | | | |
| Ethnic code number* | | | |

*1=American Indian/Alaska Native 2=Asian American 3=Black or African American 4=Pacific Islander 5=White 6=Hispanic or Latino

School last attended: _____

Parent/Guardian name(s): _____
 Parents new address: _____
 (Include mailing and physical addresses) _____

Phone number: _____
Home Phone Cell Phone

Is this address in the Alanson School District? _____

Send records to: **ALANSON PUBLIC SCHOOLS**
 Attn: Cindy Pyjar/K-12 Office
 7400 NORTH STREET
 ALANSON, MI 49706

 (Signature of Parent/Guardian/Eligible Student)

 Date of Request

| | | | | |
|----------------------------------------------------------------------------|--|----------------------|----------------------|--------------------|
| Are you sharing <i>LEGAL</i> custody of this student? ____ Yes ____ No | | | | |
| Please explain any custody issues/problems with the secretary | | | | |
| With whom: _____ | | Relationship: _____ | | |
| <small>LAST</small> | | <small>FIRST</small> | | |
| Address: _____ | | | | |
| <small>STREET</small> | | <small>CITY</small> | <small>STATE</small> | <small>ZIP</small> |
| <small>HOME PHONE</small> | | | | |
| Place of Employment: _____ | | | Work Phone: _____ | |
| Is this address an additional Residence for this student? ____ Yes ____ No | | | | |

NEW STUDENT ENROLLMENT

Do you need bus transportation? _____

Are Special Education Services required? _____

If yes, please list: _____

Who has physical custody? _____

Is student a ward of the court? _____ Is student in foster care? _____

Has the student ever been suspended, expelled, or otherwise excluded for disciplinary reasons? _____

If yes, please provide an explanation: _____

Are any siblings currently enrolled and attending Alanson Public Schools? _____

Where is the student living? (Check if applicable. If checked form will be copied to Homeless Liaison)

___ in a shelter

___ with more than one family

___ in a motel/campsite

___ with friends, non-parental family

(Signature of Parent/Guardian/Eligible Student)

Date

Office use only

STUDENTS MUST HAVE THE FOLLOWING TO ENROLL:

___ Birth Certificate

___ Health Record – Updated

___ Custody papers if appropriate

HANDOUTS:

___ Enrollment card

___ Lunch Application

___ Student Handbook

___ Parent Handbook

REQUEST FOR EDUCATIONAL RECORDS FORM:

-Parent/Guardian/foster Parent Signature

-Any necessary legal custody or guardianship papers

-Make a copy to mail to former school or fax

___ File checked when received & all records present (Birth. Cert./Health, etc.)

Secretary Signature _____ Date _____