



RECORD OF PRIOR SCHOOL PROGRAMS AND REQUEST FOR STUDENT RECORDS

Previous School _____ Phone _____
 Street _____
 Address _____ FAX _____
 City/State/Zip _____

Please send complete cumulative records and a complete transcript of the work completed/in progress at your school. Include test data, health records, special education records, and a key to the grading system. Additionally, pursuant to Education Code section 49079, please send any and all records that indicate that the student has engaged in, or is reasonably suspected to have engaged in any act described in Education Code section 48900 (except subdivision h), 48900.2, 48900.3, 48900.4, or 48900.7.

Note: California Administration code Title 5 requires that a copy of a pupil's Mandatory Permanent Pupil Record shall be transferred upon request from another school. Pupil records shall not be withheld from the requesting district because of any charges or fees owed by the pupil or his/her parent.

Student _____ Date of birth _____ Grade _____

Please mail records to _____ Phone _____
(Office use only - School will complete this section)
 _____ FAX _____
(Office use only - School will complete this section) *(Office use only - School will complete this section)*

 Print Parent/Guardian Name ✓ Parent/Guardian Signature Date

To provide continuity in your child's educational program, it is important that we be made aware of any special services they may have received or programs they may have participated in at previous schools.

Please check (✓) the following information to help us expedite your child's proper placement.

My child has been identified as a Gifted and Talented Education (G.A.T.E.) student.

My child is currently in the Resource Specialist Program (RSP).

My child is in a Special Day Class (SDC).

My child is currently in a Language/Speech/Hearing Program (LSH).

My child was retained in ____ grade.

My child is not participating in any special education program.