

**Student Full Legal Name:** 

SC Public Charter School District
School Name
School Street Address
School City, SC Zip Code
School Phone Number
School Fax Number

Date of Birth:

## **Request for Student Records**

\*\*Please Print\*\*

Former School:	Current Grade Level:	
Former School Address:		
Former School Phone #:	Former School Fax #:	
Parent/Legal Guardian Name:		
	ensure proper placement of this student, please provide the entirety. Please initial next to each item you have provided.  Thank you for your time.	
Transcript	· Discipline Reports	
Transfer Grades	· Gifted and Talented Profile Sheet	
IEP & Psych Evaluation	· Original Home Language Survey	
504 Plan	• EL Plan	
Immunization Records	· Test Scores Only	
Birth Certificate	<ul> <li>Test Scores <u>and</u> IEP/504</li> </ul>	
Attendance	· ACCESS Scores	

Does this student have an IEP? Yes / No

Does this student have a 504? Yes / No

parental permission is no longer required when authorized school personnel request records.

Requester Name	1st Request Date	
Requester Name	2nd Request Date	
Requester Name	3rd Request Date	