

INDEPENDENT SCHOOL DISTRICT 196
Rosemount-Apple Valley-Eagan Public Schools
Educating our students to reach their full potential

Series Number 501.1.3P Adopted September 1981 Revised April 2014

Title Request for Records for New Registrants

TO: _____
Principal _____ Date _____
School _____ Telephone number _____
Address _____ Fax number _____
City/state/zip _____ Email address _____

The following individual(s) have registered as students in Independent School District 196
on _____.
Date

Student's legal name Date of birth Grade

Student's legal name Date of birth Grade

Student's legal name Date of birth Grade

Address

City/state/zip

Name of parent or guardian (please print) Signature of parent or guardian (if required by sending district)

Please forward the following records for the above-named student(s) to the address below:

- A. Transcript or cumulative folder (date of birth, name of parents or guardians, address, dates of attendance, days absent, courses taken, grades obtained, rank in class, overall grade average, activities participated in and standardized test scores)
- B. Health records, including immunization records and athletic physicals
- C. Grades at time of withdrawal
- D. Special education records, including current IEP and most recent assessment data
- E. Discipline records
- F. Any other records that you have on this student

Thank you for your cooperation.

Principal/counselor/registrar

Telephone number School

Fax number Address

Email address City/state/zip