

Student Records Release Form

This is a records release form authorizing the release of all school records (academics, special education, health, behavioral, etc.) for a student who has made application for enrollment in the Platte County R-3 School District. As required by Missouri Safe School Act, any public school must comply with a request to forward a copy of the transferring student's academic and discipline records to the new school within five days.

| | | | |
|--------------------------------------|---------|---------------------------------------|------------------------|
| Name of Student: | | | Student Date of Birth: |
| (Last) | (First) | (Middle) | |
| School Student Last Attended: | | | Date of Request: |
| School Address: | | | |
| City: | State: | Zip Code: | |
| School Telephone Number: | | School Fax Number: | |
| Parent/Guardian Name (printed): | | Parent/Guardian Telephone Number: | |
| Other School(s) Previously Attended: | | Other School(s) Address/Phone Number: | |

To assist with the enrollment process for this student, please forward all applicable student records providing the following information. If one of the following is unavailable or not applicable, please make note of it.

- Immunization/Health Records (PLEASE FAX AS SOON AS POSSIBLE)
- Birth Certificate (PLEASE FAX AS SOON AS POSSIBLE)
- Transcript/grade card/withdrawal grades
- Standardized Testing Record
- A+ Record
- Attendance Record
- Conduct/Discipline Report
- Current or projected course schedule
- IEP and Diagnostic Summary (if applicable)
- 504 Plan Information (if applicable)
- Date of Enrollment: (/ /) and Date of Withdrawal: (/ /)

**Please do not send student's cumulative file.

Please send copies of the requested information:

Please mail, fax, or email to

PLATTE COUNTY HIGH SCHOOL
DESE District Code: 083-003 SCHOOL CODE: 1050

1501 Branch Street
 Platte City, MO 64079
 (816) 858-2822 Phone
 (816) 858-5140 Fax
wilkerw@platteco.k12.mo.us

