

Student Records Request
La Center School District, No. 101



Form Sent _____

Records Received _____

Student Legal Name: _____ Date of Birth: ___/___/___
Other Names Used: _____ Grade: _____

Previous School Information

School Name: _____
School Address: _____
City, State, Zip Code: _____
Phone: _____ Fax: _____

PARENTS: Please indicate if this student was enrolled in any of the special programs listed below:
 ELL Gifted/Highly Capable Title I/LAP Math Title I/LAP Reading Section 504 Plan* IEP*
 Bi-Literacy

SCHOOLS: Please verify special programs checked by parent and return a copy of this form with records for those programs to the school checked below. *Send Special Education (504/IEP) records to: Heidi Bengaard, La Center School District, PO Box 1840, La Center, WA 98629 email: heidi.bengaard@lacenterschools.org
 IEP Case Manager: _____ Phone: _____

SCHOOLS: Please send **copies** of permanent records to the school selected below including, but not limited to:

- Birth Certificate (Fax ASAP)
- State Assessment Scores
- HS & Beyond Plan
- Academic History/Report Cards/Withdrawal Grades
- Health Records
- Immunizations (Fax ASAP)
- Attendance History
- Official Transcript (Fax Unofficial Transcript ASAP)
- Fines/Fees
- Discipline Records

The student listed above has registered at the following school:

<input type="checkbox"/> La Center Elementary School 700 E 4th Street La Center, WA 98629 P: 360-263-2134 F: 360-263-2133 E: joyce.hantho@lacenterschools.org	<input type="checkbox"/> La Center Middle School 2001 NE Lockwood Crk. Rd. La Center, WA 98629 P: 360-263-2136 F: 360-263-5936 E: rochelle.wilson@lacenterschools.org	<input type="checkbox"/> La Center High School 725 NE Highland Rd. La Center, WA 98629 P: 360-263-1700 F: 360-263-5577 E: beth.marshall@lacenterschools.org	<input type="checkbox"/> La Center Academy 725 NE Highland Rd. La Center, WA P: 360-263-2131 Ext. 2130 F: 360-263-5577 E: beth.marshall@lacenterschools.org
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As provided under the Family Educational Rights and Privacy Act (FERPA), I understand that I may obtain a copy of my child's educational records. I am aware that I may challenge the content of these records. I also understand that the school will treat these records confidentially and that the records will not be disclosed to a non-educational agency without my written permission.

Parent/Guardian Signature: _____ Date: _____

Registrar Signature: _____ Date: _____

Registrar: if 504 or IEP is checked, send a copy of this form to the Special Education Department