**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 1981Revised August 2016\_\_\_\_\_

Title **Request for Records for New Registrants\_\_\_\_\_\_\_**

TO: Student Records

(Parents, complete what you know please.)

|  |  |
| --- | --- |
| Principal Click or tap here to enter text. | Date Click or tap to enter a date. |
| School Click or tap here to enter text. | Telephone number Click or tap here to enter text. |
| Address Click or tap here to enter text. | Fax number Click or tap here to enter text. |
| City/state/zip Click or tap here to enter text. | Email address Click or tap here to enter text. |

The following individual(s) have registered as students in Independent School District 196

on Click or tap to enter a date.

Student’s legal name Click or tap here to enter text. Date of Birth Click or tap to enter a date.

Student’s Grade Click or tap here to enter text.

Student’s legal name Click or tap here to enter text. Date of Birth Click or tap to enter a date.

Student’s Grade Click or tap here to enter text.

Student’s Home Address Click or tap here to enter text.

City/state/zip Click or tap here to enter text.

Click or tap here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.

**Heide Kolhoff**

**Registrar**

**District 196 Area Learning Center**

**5840 149th Street West**

**Apple Valley, MN 55124**

**Phone 952.431.8720**

**Fax 952.431.8722**

**heide.kolhoff@district196.org**

c: Cumulative folder

Procedures/501.1.3P/04-29-14