

APPLETON CITY ELEMENTARY SCHOOL
408 West Fourth Street
Appleton City, Missouri 64724
Phone: 660-476-2108 Fax: 660-476-2104

STUDENT INFORMATION RELEASE FORM

Student Name(s): _____

Date of Birth: _____ Reported Grade Level: _____

I give permission for the **Appleton City R-II School District** to receive medical, diagnostic, and testing information (both verbally and written) from:

School: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

We request the following information:

____ Cumulative Permanent School Records (e.g. transcript, standardized test scores, discipline records, withdrawal information, grade reports, attendance records)

____ Health and immunization records

____ Birth certificate and social security number

____ Psychological test results/reports

____ Special Education Records including active IEP and current evaluation reports

____ Other information helpful for educational placement including records from previous schools

The information is requested for the following reason:

____ Transfer to this district

____ New enrollment/Re-enrollment

Signature Parent/Guardian

Date

Please fax immediately immunization records, birth certificate and social security number to 660-476-2104.

Please mail remaining student information to:

Mrs. Mona Reid, Principal
Appleton City Elementary School
408 West Fourth Street
Appleton City, MO 64724