



# The Emily O. Goodridge-Grey Accelerated Charter School

## REQUEST FOR STUDENT RECORDS

Student: \_\_\_\_\_  
Last Name First Name Middle Name

Date of Birth: \_\_\_\_\_ Student I.D. # \_\_\_\_\_

Previous Grade: \_\_\_\_\_ Date Enrolled at Emily Grey: \_\_\_\_\_

\_\_\_\_\_  
Previous School Attended Dates Attended

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Please send the following student information as soon as possible:

- Current Transcript
- Attendance Records
- Standardized Test Scores (MCA, MBST, TEAE, etc)
- Special Education Records/ Individualized Education Plan (IEP) Yes or No
- Immunization Records and other pertinent health reports
- MN. Marss # \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian Date

Record Clerk:  
Request: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ Date Received \_\_\_\_\_

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