Schools should have forms printed on their own letterhead

STUDENT RECORDS REQUEST (Appendix 12)

	School Name/Address:
Talas	l
	hone:
STUI	DENT NAME DOB GRADE ENROLLING I
Please	of your former students has enrolled in the above listed Charlotte County Public School. e send us the following information:
	TRANSCRIPT
1.	The date of entry and withdrawal.
	 All subjects and grades to the date of withdrawal.
	• If all grades are in numerical form, please include a grading scale and explanation of grading system
2.	PSYCHOLOGICAL AND/OR SPECIAL PLACEMENT RECORDS
	• Any psychological and/or special placement data (Exceptional Student Education Classes, Learning
	Disabilities, 504, I.D.E.A., Chapter 1, Dropout Prevention, ELL (ESOL), etc.) If records are house elsewhere, please forward a copy of this request to the appropriate office.
2	
3.	 HEALTH RECORDS 680 immunization form, physical form, medications, birth certificate
4.	 STATE ASSESSMENT TEST SCORES (if applicable) Florida FCAT, FAIR, End of Course Exams (EOC), SAT, ACT, PERT
5.	HIGH SCHOOL COURSE (if applicable)
6.	GRADUATION REQUIREMENTS (if applicable)
7.	DISCIPLINE FILE
	ATTENDANCE RECORD
8.	attendance record u for your cooperation.

Form 9035-1012 Rev. 08/12 Appendix 12