

Parkway School District
STUDENT RECORD REQUEST FORM

Date _____

To the Registrar of _____ School

Address _____ FAX () _____

_____ Phone () _____

Student _____ DOB _____ Grade _____ has enrolled in the Parkway School District.

The Missouri Safe Schools Act, (HB1301/1298) Section 167.020.7 states, within forty-eight hours of enrolling a pupil, the school official enrolling the pupil, including any special education pupil, shall request records required by district policy for student transfer and those discipline records required by subsection 7 of section 160.261 RSMo, from all schools previously attended by the pupil within the last twelve months. Any public school district that receives a request for records from another school shall respond to such request within five (5) business days upon receiving a request.

Based on the language of the Act, the district may not hold the records until fees are paid.

Parent/Guardian written release of school records to other public education institutions in which the student seeks or intends to enroll is not required by law. This transfer is provided for in the Family Educational Rights and Privacy Act (FERPA). I understand that this information is being obtained for education purposes. Parent/Guardian written permission IS required for release of school records to private/parochial institutions.

Parent/Guardian Signature

Date

TO BE COMPLETED AND SIGNED BY PREVIOUS SCHOOL'S DESIGNEE

The Safe School Act of the State of Missouri requires that discipline records be included with other documents.

Please indicate (✓) if this student has A DISCIPLINE RECORD? YES NO

Please indicate if the student is PRESENTLY SUSPENDED OR EXPELLED:

Suspended until _____

Expelled _____ Effective Date _____

Please include any or all of the following documentation:

- Grades this student may have attained while in attendance at your school. If semester/quarter grades were not completed, please specify grades at time of withdrawal.
- Record of immunization and screening
- Intelligence/individualized/standardized test scores
- Special education and/or Section 504 records (evaluations, IEP/IAP)
- Educational/psychological evaluation reports
- Any other pertinent information/documentation

Signature of Person Sending Records

Title

Phone #

Thank you for your cooperation. Send records and completed form:

MAIL TO: _____

OR FAX (314) _____

Phone (314) _____
