



REQUEST FOR RECORDS (NEW STUDENTS ONLY) (Grade 1 to 12)

To the Registrar of:

Previous School: _____ Address: _____

Phone: _____ Fax: _____

Student Name: _____ Date of Birth: _____

Current Grade: _____

The above named Student has enrolled in the Al-Salam Day School

The Missouri Safe Schools Act, House Bill 1301 & 1298 requires that "any school district that receives a request for such records from another School district enrolling a pupil that had previously attended a school in such district shall respond to such request within 5 business days of receiving the request". Violation of this sub section is a class B misdemeanor and a civil action is authorized based upon a districts failure to comply.

To be Signed by Parent/Guardian:

I authorize the release of my child's school records, including gifted, educational, medical, social or special education information to Al-Salam Day School.

Parent Signature: _____ Date: _____

TO BE COMPLETED BY PREVIOUS SCHOOLS DESIGNEE:

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

Please indicate if a student had a discipline record? YES NO

Please indicate if the student is presently suspended or expelled

Suspended until _____ Expelled YES NO Effective Date _____

Standard Records:

Transcript of Grades. If Semester/grade was not completed, please specify grades at time of withdrawal.

Standardized Test Score

Health & Immunization Record

Disciplinary Records (including suspension & expulsion dates

Attendance Records.

Special education records Individualized Education Plan (IEP)

Printed Name of the Person sending records: _____

Signature of the person sending records: _____

Title: _____ Phone: _____