

YALE PUBLIC SCHOOLS – REQUEST FOR RECORDS

PREVIOUS SCHOOL:	PHONE:	
ADDRESS:	FAX:	
THE STUDENT LISTED BELOW HAS ENROLLED IN A YALE PUBLIC SCHOOL. PLEASE MAIL THE STUDENT'S COMPLETE SCHOOL RECORDS TO THE ADDRESS LISTED AT THE BOTTOM OF THIS FORM OR NOTIFY THE SCHOOL IF YOU HAVE NO RECORD OF THE STUDENT. RECORDS INCLUDE: CA60, TRANSCRIPT OF GRADES AND CREDITS, ACHIEVEMENT AND ABILITY TEST SCORES, HEALTH RECORDS, CURRENT IEP AND ANY OTHER PERTINENT INFORMATION CONCERNING THE STUDENT. THESE WILL BE USED FOR THE PROFESSIONAL USE OF AUTHORIZED YALE PUBLIC SCHOOLS PERSONNEL ONLY.		
STUDENT:	GRADE:	
DATE OF BIRTH:	START/ENTRY DATE:	
AFFIRMATION OF PRIOR DISCIPLINE RECORD		
HAS YOUR CHILD BEEN EXPELLED FROM SCHOOL?	YES NO	
HAS THIS STUDENT HAD ANY IN-SCHOOL/OUT-OF-SCHOOL SUSPENSIONS FOR ANY MAJOR VIOLATIONS?		
IF YOU CHECKED YES, PLEASE EXPLAIN THE CIRCUMSTANCES IN DETAIL, ALONG WITH THE SCHOOL NAME AND DATES OF SUSPENSION OR EXPULSION.		
I VERIFY THE ABOVE INFORMATION TO BE TRUE AND ACCURATE. I REQUEST STUDENT RECORDS AND INFORMATION BE DISCLOSED TO THE YALE PUBLIC SCHOOL DISTRICT.		
PARENT/GUARDIAN SIGNATURE	DATE	
PRIOR SCHOOL – PLEASE (COMPLETE THE FOLLOWING INFORMATION	
PLEASE CHECK ONE:According to our records, we can verify that the information of the control of the contro	rmation provided by the above parent/student is correct.	
According to our records, we can verify that the info	rmation provided by the above parent/student is <u>NOT</u> correct.	
If the student has been suspended or expelled from your immediately. Thank you.	district, please forward the appropriate disciplinary documentation	
Administrator's/Designee's Signature:		
Title:	Date:	

PLEASE FORWARD <u>STUDENT</u> RECORDS TO:

SECRETARY YALE ELEMENTARY 200 SCHOOL DRIVE YALE, MI 48097

PHONE: (810) 387-3231 ext. 1221

FAX: (810) 387-9413

PLEASE FORWARD <u>SPECIAL EDUCATION</u> RECORDS TO:

SPECIAL EDUCATION CLERK AVOCA ELEMENTARY 8757 WILLOW STREET AVOCA, MI 48006

PHONE: (810) 387-3231 ext. 2265

FAX: (810) 324-2843

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