



# 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?  YES  NO

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 provided by the above parent/student is correct.

\_\_\_\_ According to our records, we can verify that the information provided by the above parent/student is NOT correct.

If the student has been suspended or expelled from your district, please forward the appropriate disciplinary documentation immediately. Thank you.

Administrator’s/Designee’s Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE FORWARD STUDENT RECORDS TO:**

COUNSELING SECRETARY  
YALE HIGH SCHOOL  
247 SCHOOL DRIVE  
YALE, MI 48097

PHONE: (810) 387-3231 ext. 5230

FAX: (810) 387-9108

**PLEASE FORWARD SPECIAL EDUCATION RECORDS TO:**

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

PHONE: (810) 387-3231 ext. 2265

FAX: (810) 324-2843

OFFICE USE ONLY:  
1<sup>ST</sup> REQUEST: \_\_\_\_\_  
2<sup>ND</sup> REQUEST: \_\_\_\_\_