

JOHNSON CREEK SCHOOL DISTRICT

455 Aztalan St – PO Box 39

Johnson Creek, WI 53038

(920) 541-4800

Faxes:

District Office: (920) 541-4850

Elementary Office: (920) 541-4851

Middle/High School Office: (920) 541-4852

REQUEST FOR TRANSFER OF SCHOOL RECORDS

Student Name(s):

Grade(s):

The student(s) listed above has/have enrolled in our school system (**LEA: 2730; School: PK-4=0020; 5-12=0040**). Please forward ALL school records including attendance, scholarship, and health records (including Multi-disciplinary Team Reports), Psychological Reports, and Social Work Reports), and other pupil records as appropriate to:

JOHNSON CREEK SCHOOL DISTRICT

ATTN: REGISTRAR

PO BOX 39

JOHNSON CREEK, WI 53038

Parental permission is no longer required when authorized school personnel request records. (Family Education Rights and Privacy Act, Final Rule on Education Records Federal Register, June 17, 1976, Vol. 41, No. 118, Page 246734.)

Wisconsin state statute 118.125(4) also states:

TRANSFER OF RECORDS. Within 5 working days, a school district shall transfer to another school or school district all pupil records relating to a specific pupil if the transferring school has received written notice from the pupil if he or she is an adult or his or her parent or guardian if the pupil is a minor that the pupil intends to enroll in the other school or school district or written notice from the other school district that the pupil has enrolled or from a court that legal custody of the pupil has been transferred to the department of health and social services for placement in a juvenile correctional facility.

Thank you for your assistance and early attention to this request.

Parent/Guardian Signature: _____ Date: _____

Or

School Official Signature: _____ Date: _____

Name of Last School Attended: _____

Address: _____
(street address) (PO Box) (city) (state) (zip)

Phone Number: _____ Fax Number: _____

Records Requested On: _____ Records Received On: _____