



ESTHER'S SCHOOL STUDENT RECORDS REQUEST

Parents: Please use this form to request your child's records from their former school.

Date: _____

Student Name: _____
Last Middle First

Date of Birth: _____ Grade: _____

Former School Name: _____

School Address: _____

The above-named student has begun the enrollment process with Esther's School. Please send ALL records pertaining to the student which may include:

Report cards
Scholastic grades
PREP records (K-3)
Health records
Anecdotal records

Psychological reports
Social histories
Disciplinary Records
Attendance information
SSAT records/reports

Standardized test scores
ESE staffing reports
Grades to date
Immunization records
IEP/504 Plan

Please forward records to: **Esther's School Administration Office**
Attention: Admissions
5750 Louisiana Avenue
New Port Richey, FL 34652
Email: admissions@estherschool.net

Thank you for your prompt response to this request.

Parent Signature: _____ Date: _____

Per Federal Reg., Vol. 41, Sec. 99.31, parent/guardian signature not required for disclosure of student records by an educational institution to another educational institution.