

Summerfield Jr./Sr. High School

17555 Ida West Road ▲ Petersburg, Michigan 49270

734-279-1012 ▲ fax 734-279-1018

Date: _____

To the Records Secretary of: _____

Student's Name: _____		
Date of Birth: _____	Grade _____	

The above named student has recently enrolled in our school. Please send us a complete transcript of grades received and credits earned, and include the following information:

- | | |
|--|--|
| <input type="checkbox"/> Date of Entrance | <input type="checkbox"/> Immunization & Health Record |
| <input type="checkbox"/> Date of Withdrawal | <input type="checkbox"/> Standardized Test Scores |
| <input type="checkbox"/> Credit earned in each subject | <input type="checkbox"/> Proof of 8 th Grade Completion |
| <input type="checkbox"/> Key to your grading system | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> MEAP Test Results (Michigan, only) | <input type="checkbox"/> Social Security Number |
| <input type="checkbox"/> Release claim from MEAP student data base | |

Please include any diagnostic reports, multi-disciplinary team reports and individualized educational planning (iep) reports.

According to the Final Regulations-Family Rights and Privacy Act (Buckley Amendment), it is no longer necessary to obtain written consent to release records between schools. The Buckley Amendment states that school officials, including teachers within educational institutions and officials of other schools in the system in which the student may intend to enroll, may receive a student's records without consent of such a release.

Signed: _____

(Parent/Guardian)

Signed: _____

(Records Secretary)