



Mr. Abbey, Upper School Principal and Mrs. Iber, Lower School Principal

SCHOOL RECORDS REQUEST

Please fax to: 703-670-7127

Name of Student _____
First Middle Last

Date of Birth _____ Current Grade _____

An official transcript of all records is requested by the student's parents and should include:

- Attendance information
- Academic records (including withdrawal grades)
- Immunization record and physical
- Standardized test scores
- Copy of birth certificate
- Behavioral reports
- IEP (if applicable)

Accommodations? Yes or No. If yes, please check below.

- 1.5 Extra time assessments** _____
- 2.0 Extra time assessments** _____
- Test is read aloud** _____
- Test is recorded** _____
- Number of questions changed** _____
(E.G., 25 instead of 50)
- Separate room testing** _____

Student Issues? Yes or No. If yes, please check below.

- Behavior** _____
- Habitually Tardy** _____
- Does not complete work** _____
- Medical Ailment** _____
- Emotional Disability** _____

PREVIOUS SCHOOL:

(Name of School and phone number)

(Address)

(City, State, Zip)

Schools: Please fax records to **703-670-7127**. They can also be emailed to schooloffice@ecsdalecity.org.
Thank you!

FERPA allows schools to disclose students' records, without written authorization from the parent, to school officials with legitimate educational interest or school to which a student is transferring (34 CFR 99.31)