



**WAYNE LOCAL SCHOOL DISTRICT**  
**WAYNESVILLE . OHIO . 45068**  
**659 Dayton Road**

**CONSENT TO REQUEST RECORDS: IRN: 050468**

**Waynesville Elementary School**  
 Attn: Carissa Clawson  
 p.513.897.2761 f.513.897.3938  
 Email: [cclawson@wayne-local.com](mailto:cclawson@wayne-local.com)

**Waynesville Junior High School**  
 Attn: Dawn Broeker  
 p.513.897.2776 f.513.897.2083  
 Email: [dbroeker@wayne-local.com](mailto:dbroeker@wayne-local.com)

**Waynesville High School**  
 Attn: Sharon Vogel  
 p.513.897.2776 f.513.897-2083  
 Email: [svogel@wayne-local.com](mailto:svogel@wayne-local.com)

IMPORTANT: This form must be filled out completely for admittance into Wayne Local School District. Our office will send this form to the student's former school following admission into Wayne Local School District. Do not submit this form directly to your school.

**Scan and email is preferred method of delivery.**

**Student Information**

Student's Full Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Anticipated Start Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Student's Legal Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip School District

**Last School Attended**

Name of School: \_\_\_\_\_

School's Address: \_\_\_\_\_

School's Phone: \_\_\_\_\_ School's Fax: \_\_\_\_\_

Does student receive Special Education Services  YES  NO

**PLEASE SUBMIT THE FOLLOWING:**

- Official Transcript
- Standardized Test Scores
- Immunization Records
- Birth Certificate
- Copy of last report card
- Custody Documentation (if applicable)
- Special Education Records (if applicable) Including IEP,ETR, or 504 plan and any report period psychological reports, evaluation reports, etc.
- SSID Number reported to the State
- Disciplinary records (including weapons violations)

**Sign and Date Below**

Name of Parent or Legal Guardian: \_\_\_\_\_

PLEASE PRINT

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_