

WAYNE LOCAL SCHOOL DISTRICT

WAYNESVILLE. OHIO. 45068

625 Dayton Road

CONSENT TO REQUEST RECORDS: IRN: 050468

Waynesville Elementary School

Attn: Omalee Stephenson p.513.897.2761 f.513.897.3938 Email: ostephenson@waynelocal.net

Sign and Date Below

Name of Parent or Legal Guardian:

Parent/Guardian's Signature:

PLEASE PRINT

Waynesville Junior High School

Attn: Megan Marion

p.513.897.2776 f.513.897.2713

Email: mmarion@waynelocal.net

Waynesville High School

Attn: Megan Marion

Date:

p.513.897.2776 f.513.897-2713 Email: mmarion@waynelocal.net

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.

Student Information	on		
tudent's Full Name:_			
Current Grade:	Ant	ticipated Start Date	e:
		·	
Date of Birth:	Home Phone	e:	Cell Phone:
Student's Legal Addre	SS:		
	Street Address		
ity	State	Zip	School District
ast School Attend	led		
varine or serioon.			
School's Address:			
School's Address:			
School's Address:		School's Fax:_	
School's Address:		School's Fax:_	
School's Address:	Special Education Service	School's Fax:_	
School's Address: School's Phone: Does student receive	Special Education Service	School's Fax:_ es	
School's Address: School's Phone: Does student receive PLEASE SUBMIT 1 Official Transc	Special Education Service THE FOLLOWING: cript	School's Fax:_es YES NO Special Educa IEP,ETR, or 50	tion Records (If Applicable) Including 14 plan and any report period psychological
School's Address: School's Phone: Does student receive	Special Education Service THE FOLLOWING: cript	School's Fax:_ es YES NO • Special Educa IEP,ETR, or 50 reports, evalu	tion Records (If Applicable) Including 04 plan and any report period psychological nation reports, etc.
School's Address: School's Phone: Does student receive PLEASE SUBMIT 1 Official Transc	Special Education Service THE FOLLOWING: cript Test Scores	School's Fax:_ es YES NO Special Educa IEP,ETR, or 50 reports, evalu SSID Number	tion Records (If Applicable) Including 04 plan and any report period psychological nation reports, etc. reported to the State
School's Address: School's Phone: Does student receive PLEASE SUBMIT 1 Official Transc Standardized	Special Education Service THE FOLLOWING: cript Test Scores Records	School's Fax:_ es YES NO Special Educa IEP,ETR, or 50 reports, evalu SSID Number	tion Records (If Applicable) Including 04 plan and any report period psychological nation reports, etc.
School's Address: School's Phone: Does student receive PLEASE SUBMIT 1 Official Transc Standardized Immunization	Special Education Service THE FOLLOWING: cript Test Scores Records te	School's Fax:_ es YES NO • Special Educa IEP,ETR, or 50 reports, evalu • SSID Number • Disciplinary re	tion Records (If Applicable) Including 04 plan and any report period psychological nation reports, etc. reported to the State