

## WAYNE LOCAL SCHOOL DISTRICT WAYNESVILLE . OHIO . 45068

## 659 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 Waynesville Junior High School Attn: Dawn Broeker p.513.897.2776 f.513.897.2083 Email: <u>dbroeker@waynelocal.net</u> Waynesville High School Attn: Megan Marion p.513.897.2776 f.513.897-2083 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.

Scan and email is preferred method of delivery.

Student Information			
Student's Full Name:			
Current Grade:	Antic	ipated 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 Spec	al Education Services	O YES O NO	
PLEASE SUBMIT THE	FOLLOWING:		
<ul> <li>Official Transcript</li> <li>Standardized Test S</li> <li>Immunization Reco</li> <li>Birth Certificate</li> <li>Copy of last report</li> <li>Custody Document</li> </ul>	rds card	Includir period etc. • SSID Nu	Education Records (if applicable) ng IEP,ETR, or 504 plan and any report psychological reports, evaluation reports, umber reported to the State nary records (including weapons violations)
<b>Sign and Date Below</b> Name of Parent or Legal G	uardian:		
Parent/Guardian's Signatu			Date: