

REQUEST FOR TRANSFER OF EDUCATIONAL RECORDS

Request #1: _____
Request #2: _____
Request #3: _____



TOLT MIDDLE SCHOOL
 RIVERVIEW SCHOOL DISTRICT #407
 3740 TOLT AVENUE
 CARNATION, WA 98014
 FAX: 425-844-4602

STUDENT NAME: _____ DOB: _____

CURRENT GRADE: _____

RELEASING SCHOOL NAME: _____

RELEASING SCHOOL DISTRICT: _____

CITY: _____ STATE: _____

FAX or EMAIL: _____ PHONE: _____

Parent/Guardian or Tolt Middle School Registrar *Date*

The student listed above has enrolled at Tolt Middle School. Please mail a copy of the full student educational file to the address above. Please scan and email the following items as soon as possible so we may register the student into appropriate classes:

- Academic Records
- Attendance History
- Current Math Placement
- Withdrawal grades
- Discipline History/Records
- Immunizations/Medical and Health Records
- Test scores, including Smarter Balanced Assessment and MSP if applicable
- Special Education Psychological Records that are in student CUM File if applicable (Our Student Services Department will request the full Special Education file)

Releasing School Registrar: Please circle your response to the following questions and return with records:

- | | | |
|---------------------------------------------------------------------------|-----|----|
| • Has student been suspended in the past 3 years? | Yes | No |
| • Has student had attendance issues in the past 3 years? | Yes | No |
| • Has student been enrolled in Special Education in the past three years? | Yes | No |

Thank you!

Mardi Rezoski – Registrar/Counseling Secretary
rezoskima@rsd407.org
 425-844-4607