_____
Date

_____
Student Name Birthdate Grade

The above student has enrolled in the Montville Public Schools. Please send a copy of all his/her educational records. Please bear in mind that this request is for all records (cumulative, confidential, psychological, health, etc.) relating to the named student so that proper placement can be made and record continuity can be maintained.

Parental permission is not required when records are requested by authorized school personnel (Family Educational Rights and Privacy Act, Final Rule on Educational Records, Federal Register, June 17, 1976, Vol. 41, No. 118, page 24673).

Upon entry into our school, parents, legal guardians, and, where appropriate, students are notified of their rights to:

1. inspect and review records
2. challenge contents of records, and
3. obtain a copy of records

Thank you for your assistance and early attention to this request.

Sincerely,

Laurie Pallin
Laurie Pallin
Superintendent, Montville Public Schools

Please fax a copy of immunizations/physical to:

_____ _____
Montville School Name Fax Number

_____ _____
Name of Last School Attended Fax Number

Parent Signature **Date**