

Date _____

_____ Birthdate _____ Grade _____

_____ Birthdate _____ Grade _____

_____ Birthdate _____ Grade _____

The above student(s) have 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(s) 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 yours,

Jill M. Mazzalupo
Principal

Please fax copy of Immunizations/physical.

***Thank you,
Secretary***

Parent/Guardian Signature

Name of Last School Attended:

Fax Number:

Parent/Guardian Name _____

Best phone # to be reached at _____

Address: _____

Does child have a special education IEP or 504 Plan ? Yes _____ No _____