

Superintendent: Dr. Sally Crowser K-12 Asst. Principal: Rebecca Myers

To:

Business Manager: Amy Bessette K-5 Principal: Charles Sykora

The mission of the Wall School District 51-5 is to empower all students to fully develop their potential to succeed in an ever-changing world.

RECORDS RELEASE

(Name of old school) (Address if known) (City, State, Zip) (Phone Number) (Fax Number)

I, ________ (parent or guardian) hereby authorize you to release records of ________ last enrolled in grade _______ to the Wall Schools for the purpose of enrolling the above student in the Wall Schools. Please include copies or originals of ALL academic and health records, as well as Special Education I.E.P.s and psychological reports if available. The school would appreciate receiving all records that might contribute to the well-being of this child as they transfer into a new environment.

Signed:

Parent or Guardian Signature

Date:

From the Administration: Thank you for your professional courtesy in sending along this information. Sometimes getting the complete file together is difficult...we really do appreciate you taking the time to get it for us.

Again, thanks for your help...

Administrator

The Wall School District participates in Infinite Campus/DDN Campus and welcomes records to be forwarded that way if requested district participates.