



8535 State Route 47, Yorkville, IL 60560
P: (630) 553-7861, F: (630) 553-2580
schoolinfo@hiscross.net

Date: _____

Student Name: _____

Parent/Guardian Signature: _____

School last attended: _____

Address: _____

_____, who attended _____ grade, has transferred to Cross Lutheran School. Please send the school records and the following "initialed" information. Thank you.

Release of School Records

- _____ Identifying information, academic transcripts, attendance record, accident and health records, honors and awards received, standardized test scores, speech therapy report.
- _____ Family background information
- _____ Disciplinary information
- _____ Verified reports from non-school persons or agencies
- _____ Psychological evaluations
- _____ Special education file including reports of multidisciplinary staffings
- _____ Social work reports
- _____ Verified reports from other school districts that are part of the student's Special Education file; including psychological reports, social work reports, and medical information.

Thank you for your timely response.

Sincerely,
Miriam Ulrich
Principal