

INDEPENDENT SCHOOL DISTRICT 196  
Rosemount-Apple Valley-Eagan Public Schools  
*Educating our students to reach their full potential*

Series Number 501.1.3P Adopted September 1981 Revised April 2014

Title Request for Records for New Registrants

TO: \_\_\_\_\_  
Principal \_\_\_\_\_ Date \_\_\_\_\_  
School \_\_\_\_\_ Telephone number \_\_\_\_\_  
Address \_\_\_\_\_ Fax number \_\_\_\_\_  
City/state/zip \_\_\_\_\_ Email address \_\_\_\_\_

The following individual(s) have registered as students in Independent School District 196  
on \_\_\_\_\_.  
Date

_____ Student's legal name	_____ Date of birth	_____ Grade
_____ Student's legal name	_____ Date of birth	_____ Grade
_____ Student's legal name	_____ Date of birth	_____ Grade
_____ Address		
_____ City/state/zip		

\_\_\_\_\_  
Name of parent or guardian (please print)      Signature of parent or guardian (if required by sending district)

Please forward the following records for the above-named student(s) to the address below:

- A. Transcript or cumulative folder (date of birth, name of parents or guardians, address, dates of attendance, days absent, courses taken, grades obtained, rank in class, overall grade average, activities participated in and standardized test scores)
- B. Health records, including immunization records and athletic physicals
- C. Grades at time of withdrawal
- D. Special education records, including current IEP and most recent assessment data
- E. Discipline records
- F. Any other records that you have on this student

Thank you for your cooperation.

_____ Telephone number	_____ Principal/counselor/registrar
_____ Fax number	_____ School
_____ Email address	_____ Address
	_____ City/state/zip