

CONSENT FOR RELEASE OF INFORMATION

Send information to: Willow Springs High School
 High School Records
 215 West Fourth Street
 Willow Springs, MO 65793
 417-469-2114 ext. 301/Fax 417-469-2507

Date of Request _____

Student's Name _____ Grade _____ DOB _____

Has requested to be enrolled in our school. We request the release of the follow information for our review.

From: _____ Telephone: _____ Fax: _____

- Cumulative permanent school records
- Psychological reports
- Health records
- Special education records including: active IEP and current Diagnostic Summary
- Other (Specify): Disciplinary action records
- A+ Information (*Complete the information below*)

We need the following information to verify or start his/her status for the A+ Schools Program.

<i>School Year Dates Attended</i>	<i>Days Absent</i>	<i>Days Possible</i>	<i>Hours Absent</i>	<i>Hours Possible</i>

This information is requested for the following reason(s):

- Transfer of student to this/another district
- New enrollment/re-enrollment
- Hospitalization
- Contractual placement
- Other (Specify): Passed U.S. and Missouri Constitution Test? _____

Signature of Parent/Legal Guardian or Emancipated Student

Date