

REQUEST FOR TRANSFER OF EDUCATIONAL RECORDS

Request #1: _____

Request #2: _____

Request #3: _____



TOLT MIDDLE SCHOOL
RIVERVIEW SCHOOL DISTRICT #407
3740 TOLT AVENUE
CARNATION, WA 98014
FAX: 425-844-4602

STUDENT NAME: _____ DOB: _____

CURRENT GRADE: _____

RELEASING SCHOOL NAME: _____

RELEASING SCHOOL DISTRICT: _____

CITY: _____ STATE: _____

FAX or EMAIL: _____ PHONE: _____

Parent/Guardian or Tolt Middle School Registrar

Date

The student listed above has enrolled at Tolt Middle School. Please mail a copy of the full student educational file to the address above. Please scan and email the following items as soon as possible so we may register the student into appropriate classes:

- Academic Records
Attendance History
Current Math Placement
Withdrawal grades
Discipline History/Records
Immunizations/Medical and Health Records
Test scores, including Smarter Balanced Assessment and MSP if applicable
Special Education Psychological Records that are in student CUM File if applicable (Our Student Services Department will request the full Special Education file)

Releasing School Registrar: Please circle your response to the following questions and return with records:

- Has student been suspended in the past 3 years? Yes No
Has student had attendance issues in the past 3 years? Yes No
Has student been enrolled in Special Education in the past three years? Yes No

Thank you!

Mardi Rezoski - Registrar/Counseling Secretary
rezoskima@rsd407.org
425-844-4607