



REQUEST FOR STUDENT RECORDS

PLEASE PRINT ALL INFORMATION

Student Name: Last First Middle

Date of Birth: Current Grade Level:

Table with 2 columns and 7 rows: Previous School Attended, School Street Address, School City, State, Zip, School Phone, Last Date of Attendance, School Office Email

My child is currently receiving special education services in the following areas (check all that apply):

- Special Education Resource
Special Education Self Contained
Speech
ESL/ELL
Title I
Other:

My child does not receive special education services.

I authorize the release of my child's school records, including gifted, educational, medical, social or special education information to Plato Academy.

Parent Signature: Date:

ATTN: SCHOOL REGISTRAR

We are requesting the following records for this student (all that apply):

Table with 2 columns: Standard Records (Transcript of grades, Standardized test scores, Health and Immunization Records, Disciplinary Records, Attendance Records) and Special Education Records (Individualized Education Plan (IEP), Language Proficiency Testing/Individual, Individualized Evaluation Records, Eligibility Determination Documents)

Send ALL records to: Plato Academy, 733 Lee Street, Des Plaines, IL 60016