



REQUEST FOR STUDENT RECORDS

PLEASE PRINT ALL INFORMATION

Student Name: _____
Last First Middle

Date of Birth: _____ Current Grade Level: _____

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):

<u>Standard Records</u>	<u>Special Education Records</u>
<ul style="list-style-type: none">• Transcript of grades• Standardized test scores• Health and Immunization Records• Disciplinary Records• Attendance Records	<ul style="list-style-type: none">• Individualized Education Plan (IEP)• Language Proficiency Testing/Individual• Individualized Evaluation Records• Eligibility Determination Documents (if not embedded in another document listed above).

Send ALL records to:

Plato Academy
915 Lee Street, Des Plaines, IL 60016

915 Lee Street, Des Plaines, IL 60016 847.768.7188 mail@platoacademy.org