

Elem Principal
309-547-2240
Fax 309-547-5235

15501 E. Avenue L
Lewistown, Illinois 61542

HS Principal
309-547-2288
Fax 309-547-9870

309-547-5826
Fax 309-547-5235

Date _____

Dear Registrar,

_____ has enrolled in grade _____ at Lewistown High School.

Please forward to us as soon as possible the permanent records:

- _____ 1. Transcript of Grades
- _____ 2. Grades in Progress (at time of withdrawal)
- _____ 3. Health Records (Physical, Dental, etc.)
- _____ 4. Any test scores you might have.
- _____ 5. Special Education Records-including case study materials. IEP's, annual reviews, speech/language reports, etc.
- _____ 6. Student Transfer Form.

Thank you for your prompt attention.

*Please be advised that parents have the right to inspect and copy their child's records, to challenge the contents of such records; and to limit any such consent to release designated records or designated portions of information within the records.

If parents choose to limit consent to specific records, District #97 respectfully request that you indicate to us which records in your possession are restricted by the parents.

I/We have read the consent form and understand its implications.

Parent//Legal Guardians Signature _____

****PLEASE NOTE:** Under the provisions of the Privacy Rights of Parents and Students Act, page 1213, Subpart D, 99 30 (B), it is not necessary to have the written consent of the parents to release records to "officials of other schools or school systems in which the student seeks or intends to enroll".