

Vidalia City Schools  
**Enrollment Notification / Records Release Form**



New School Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_

- ☐ Please **WITHDRAW** my student from \_\_\_\_\_ as of Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ Transferring to a **Public/Private**: \_\_\_\_\_ Homeschool: ☐Yes ☐No  
(Circle One) Name of School
- ☐ Requesting records for this school year \_\_\_\_\_

**Student Information**

Legal Last Name:		Legal First Name:		Legal Middle Name:	Suffix:
Grade:	Gender:	Birth Date:	Social Security Number:		GTID#:

**School Records Are Requested From:**

Name of School:		School Address:	
City:		State:	Zip Code:
Date Student Enrolled:	Phone: (including area code)		Fax Number: (including area code)
Title of School Official Completing Form		Signature of School Official Completing Form:	

**Please forward all records related to the above student. Please include the following:**

<input type="checkbox"/> Copy of Social Security Card	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> GTID Number
<input type="checkbox"/> Ear, Eye and Dental	<input type="checkbox"/> Health Records	<input type="checkbox"/> Withdrawal Forms with Transfer Grades
<input type="checkbox"/> Immunization Records	<input type="checkbox"/> Discipline Records	<input type="checkbox"/> Attendance Records
<input type="checkbox"/> Universal/Dyslexia Screener Results	<input type="checkbox"/> Individualized Reading Plans (HB 538)	<input type="checkbox"/> RTI/SST/POI Records
<input type="checkbox"/> Gifted Records	<input type="checkbox"/> 504 Documentation	<input type="checkbox"/> Speech Records
<input type="checkbox"/> OT /PT Prescription(Rx)	<input type="checkbox"/> All Test Scores (GKIDS, Milestones, etc.)	<input type="checkbox"/> Transcript (High School Students Only)

Special Education Records (IEP) :  
☐ Individualized Education Plan (Current) ☐ Current Eligibility (Current) ☐ Individualized Education Plan (Initial) ☐ Current Eligibility (Initial)  
☐ Consent for Evaluation (Initial) ☐ Placement Consent ☐ Meeting Notice ☐ Psychological

**Parent/Legal Guardian Signature**

I, the parent/legal guardian of the above named student, hereby authorize the above named school to release any of the listed school records to the indicated school. I further authorize this receiving person or agency to release to the personnel of the school district any or all information regarding the student which pertains to his/her educational, physical and social adjustment in school. I further understand that I may review the transferred records by making such a request of the principal, and may also have all or any part of these records properly interpreted as necessary by appropriate school personnel.

Parent/Legal Guardian Signature: (Required)	Relationship to Student:	Date:
Signature of Witness:	Business Phone of Witness:	Date:
Business Address of Witness:		City/State/Zip:

\* If over 18 years of age, the student has the releasing authority.      \* Signature and copy of identification required.

**For Office Use Only:**

Date Received: \_\_\_\_\_ Records Released: \_\_\_\_\_ Date Released: \_\_\_\_\_

**For Special Education**

Special Education Department  
Erin Rush  
301 Adams Street  
Vidalia, GA 30474  
Fax#: 912-538-0938  
Email:  
erush@vidalia-city.k12.ga.us

**For PreK-1 General Education**

J. D. Dickerson Primary School  
Shawn McLemore  
800 North Street East  
Vidalia, GA 30474  
Fax: 912-537-6282  
Email:  
jdpregistrar@vidalia-city.k12.ga.us