

# CLINTONDALE COMMUNITY SCHOOLS

## Request for Educational Records

Student Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender:  Male  Female Telephone: \_\_\_\_\_

With Whom Do You Live: \_\_\_\_\_

Is the student is Special Education ?  Yes  No

Is the student in Section 504 ?  Yes  No

Has the student been suspended or expelled ?  Yes  No

### **Authorization for Release of Student Records**

In accordance with the provisions of the family education rights and privacy act (PL93-380), I do hereby consent to the school listed below and any previous school to release:

1. **Complete CA 60:** transcripts of grades and credits, report cards, test scores, health/immunization records and grades up to the point of transfer.
2. **Explanation of Marking System**
3. **Discipline Records as dictated under the NCLB act.**

### **School Transferred From:**

Name of school: \_\_\_\_\_

Address of School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

### **Please Mail Records To:**

Clintondale High School  
35200 Little Mack  
Clinton Twp., MI 48035  
586-791-6301  
Fax: 586-790-7668

Clintondale Middle School  
35300 Little Mack  
Clinton Twp., MI 48035  
586-791-6302  
Fax: 586-790-7642

McGlennen Elementary  
21415 Sunnyview  
Clinton Twp., MI 48035  
586-791-3400  
Fax: 586-790-7639

Parker Elementary  
22055 Quinn  
Clinton Twp., MI 48035  
586-791-6900  
Fax: 586-790-7641

Rainbow Elementary  
33749 Wurfel  
Clinton Twp., MI 48035  
586-791-3500  
Fax: 586-790-7640

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

**\*\* PLEASE FAX TRANSCRIPTS AND DISCIPLINE RECORDS NOW SO THAT WE CAN BEGIN REGISTRATION. THANK YOU!**