

**STUDENT RECORDS REQUEST
FOR ADMISSION TO THE 2017-18 SCHOOL YEAR**

Child's Full Legal Name _____
(as written on birth certificate) First Name Middle Name Last Name

Today's Date ____/____/____ Student's Current Grade: _____ Student's Date of Birth ____/____/____

Name of Last School Attended _____

School Phone Number _____ School Fax Number _____

Start Date (first day the student is scheduled to begin attending our school) ____/____/____

I give permission for the release of my child's student records to Cleveland Arts & Social Sciences Academy for the purpose of enrollment in the 2017-18 school year and to aid in present and future educational decisions.

Please include all relevant records including:

- SSID Number
- Attendance & Truancy Records
- Immunization/Medical Records
- Birth Certificate
- Custody Papers (if applicable)
- Official Transcripts/Report Cards/Grades (Sealed for Grades 9-12)
- Individualized Education Plan (IEP), Multifactorial Evaluation (MFE), and Behavior Intervention Plan (504)
- Pupil Personnel & Special Services
- Permanent/Cumulative Records
- Standardized Test Scores
- Academic or Disciplinary Intervention
- ESL/ELL Reports
- Directory Information
- Suspension and/or Expulsion Reports

Please send all records to:

Admission Department
c/o Cleveland Arts & Social Sciences Academy
10701 Shaker Boulevard
Cleveland, OH 44104
(216) 229-3000 phone
(440) 229-3182 fax
info@clevelandartsocsci.org

Student Name (if 18 or older) *Student Signature* *Date*

Legal Guardian (of student under 18 years of age) *Legal Guardian Signature* *Date*

