



Discovery Charter School

RELEASE OF STUDENT RECORDS FORM

REQUIRED FOR ALL STUDENTS

Please send records to:

Karen Poplawski, Director
Discovery Charter School
P.O. Box 2619
Chesterton, IN 46304

Student Name

Parent/Guardian Name

Address

City

State/Zip

School district name (based on home address)

Check the appropriate box(es) below and provide name of your child's former school or the school district where indicated.

For students entering kindergarten or for students who have never attended public school

Whereas my child is currently enrolled in Discovery Charter School for the 2010-2011 academic year, I am hereby notifying

_____ (school *district* based on home address).

For students entering grades 1-6 in 2010-2011

Whereas my child is currently enrolled in Discovery Charter School for the 2010-2011 academic year, I give my permission to

_____ School (school *most recently attended by student OR school last attended if student is currently home schooled*) to release my child's academic records to Discovery Charter School. Please include all relevant records including special education, academic testing, official school records, medical records, and academic or disciplinary interventions.

IF YOU ARE ABLE TO GET YOUR STUDENT'S RECORD FROM HIS/HER PREVIOUS SCHOOL, PLEASE DO SO, IN ORDER TO SPEED UP THE ENROLLMENT PROCESS.

Parent/guardian signature

Date

Print name