Arena Elementary School/Arena Union Elementary School District

20 School Street * PO Box 45 * Point Arena, California 95468 Telephone: 707 882-2131 * FAX: 707 882-3076

STUDENT RECORD REQUEST

To Last School Attended:	
Address:	
Phone #:	FAX #
Student Name:	Birth Date:
I hereby request that my child's cumulative health information be released and send	re record and all other pertinent records including to:
Arena Elementary School P.O. Box 45 Point Arena, CA 95468	
Signature of Parent/Guardian	
perceived age, ancestry, color, disability, ethnicity, gender, gender exmedical information, national origin, parental status, pregnancy statu with one or more of these actual or perceived characteristics) For qu	arassment (including sexual harassment) or bullying based on a person's actual or expression, gender identity, genetic information, immigration status, marital status, s, race, religion, sex, sexual orientation, or association with a person or group testions or complaints, contact: Title IX Coordinator: Dunnell Daleuski (707) to (707) 882-2131 ext 203 or megger@auesfamily.org Title II Coordinator:
FOR	R OFFICE USE ONLY
To facilitate enrollment, please FAX the fo	llowing to 707 882-3076 as soon as possible:
Birth Certificate Immunization Records Health Exam for school entry Grades/transcripts	 ELPAC Scores/Testing Assessments Special Education/IEP Other:
Requested by Title	Request date
	07/30/2023