

REQUEST FOR CUMULATIVE RECORDS

Point Arena High School
P.O. Box 7
Point Arena, Ca 95468
Telephone: 707 882-2134
Fax: 707 882-3453

Registrar Shasta Rasmusen: EXT. 210 srasmusen@pauhs.org Registrar Rikki Stultz EXT. 211 rstultz@pauhs.org

Student Name: _____ Birth Date: _____

This student is enrolling in Point Arena High School. This authorization (signed by the parent/guardian) for release of the cumulative record, including any psychological, medical, special education or confidential records. Please send records to any of the above addresses.

Student's former school: _____

School Address: _____

School Telephone/Fax Number: _____/_____

Registrar Contact: _____

Signature of parent/guardian Date

TO BE FILLED OUT BY SCHOOL OFFICIALS

Is this student an English Learner (LEP, ELL)? _____

Has this student been Reclassified as Fluent English Proficient? _____

Does this student have Special Education Services? _____

To Facilitate Enrollment, please send at your earliest convenience:

- Birth Certificate
- Immunization Record
- Transcript/ Grades
- English Learner Information
- Discipline
- 504 information
- All Student records including Cumulative file, SPED records, etc.

Requested by Title Date

Records sent by Title Date