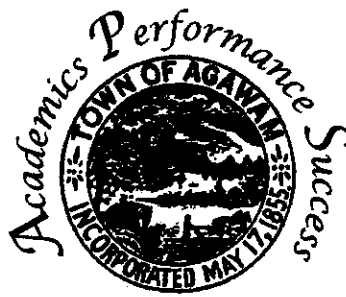


# ROBERTA G. DOERING SCHOOL



Susan E. Federico, Principal

Charles D. Joyal, Assistant Principal

## RECORD RELEASE FORM

Guidance Office 413-523-0416

Fax Number: 413-789-7337

*This is to authorize the release of school records for:*

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

**Transfer Records to Roberta G. Doering School:**

Name of School: \_\_\_\_\_

Street Address: \_\_\_\_\_

City / Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

- |   |         |        |
|---|---------|--------|
| Does this child see a counselor?  | ___ Yes | ___ No |
| Does this child have an I.E.P.?   | ___ Yes | ___ No |
| Does this child have a 504 plan?  | ___ Yes | ___ No |
| Does this child have a DCAP plan?   | ___ Yes | ___ No |
| Does this child receive ELL /ESOL services?<br>(English as a second language) | ___ Yes | ___ No |

### Records to be Released:

*A student will not be enrolled without these records:*

- \_\_\_ Health & Immunization Records
- \_\_\_ Transcripts of Grades
- \_\_\_ Test Records (i.e. MCAS)
- \_\_\_ Discipline Records (if no record exists, please indicate as such)
- \_\_\_ Individual Education Plans (IEP) and Reports (If applicable)
- \_\_\_ SASID number \_\_\_\_\_
- \_\_\_ Other \_\_\_\_\_

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

Date \_\_\_\_\_

**68 MAIN STREET ~ AGAWAM, MA 01001 ~ (413) 789-1400 ~ FAX (413) 789-7337**