

Jackson R-2 School District
 614 E. Adams St., Jackson MO 63755
 Ph. 573-243-9501 Fax 573-243-9503

REQUEST FOR STUDENT RECORDS

Date of Request: _____

STUDENT: _____

BIRTHDATE: _____ GRADE: _____ AGE: _____ SEX: _____

NAME OF LAST SCHOOL ATTENDED: _____

SCHOOL ADDRESS: _____

SCHOOL PHONE: () _____ FAX: () _____

The above student is enrolling at **Jackson R-2 School District**. Please send a copy of the complete transcript and/or cumulative record which includes the following information:

1. Grades up to and at the time of withdrawal; explanation of the grading and credit system
2. State and District test scores with the name of the assessments and dates given
3. Health information including complete record of immunizations
4. Attendance records and last date of attendance at your school
5. Disciplinary records
6. Current Individualized Education Program (IEP) and evaluation report, including testing data and initial placement papers (if the student was placed in a special education program)
7. Other programs; gifted, vocational, remedial, at-risk, etc.
8. Missouri State ID # _____
9. Birth Certificate & Social Security Card

Please send all records to: (mark one)

- _____ Jackson Sr. High School Guidance Office, 315 S. Missouri, Jackson MO 63755 or Fax 573-243-9530
- _____ Jackson Jr. High School Guidance Office, 210 N. West Lane, Jackson MO 63755 or Fax 573-243-9537
- _____ Middle School Guidance Office, 1651 W. Independence St., Jackson MO 63755 or Fax 573-243-9545
- _____ North Elementary, 10730 State Hwy W, Jackson MO 63755 or Fax 573-243-9591
- _____ South Elementary, 1701 S. Hope St., Jackson MO 63755 or Fax 573-243-9574
- _____ East Elementary, 455 N. Lacey, Jackson MO 63755 or Fax 573-243-5343
- _____ West Lane Elementary, 338 N. West Lane, Jackson MO 63755 or Fax 573-243-9572
- _____ Orchard Drive Elementary, 1402 Orchard Dr., Jackson MO 63755 or Fax 573-243-9525
- _____ Gordonville Elementary, 653 State Hwy Z, Gordonville MO 63701 or Fax 573-243-9580
- _____ Millersville Elementary, 377 State Hwy B, Millersville MO 63766 or Fax 573-243-9588

Thank you for your prompt attention to this matter.

_____ **Parent/Guardian** _____ **District Representative/Role**

Current contact information HOME: _____ CELL: _____

Date complete records received _____