

IDA PUBLIC SCHOOLS

AUTHORIZATION TO RELEASE RECORDS

STUDENT'S NAME

DATE OF BIRTH

CURRENT GRADE

STUDENT'S NAME

DATE OF BIRTH

CURRENT GRADE

STUDENT'S NAME

DATE OF BIRTH

CURRENT GRADE

Name of School last attended: _____

School Address _____

School Phone # _____ School Fax # _____

Permission is herewith granted to send the above mentioned school records information to Ida Public Schools within 30 days upon receipt of this release form.



Parent/Guardian Signature

Date of Enrollment



Please Fax IEP - If there is an IEP for any of the above student(s). Thank you!

The above student(s) has been enrolled in: (Circle One)

Ida Elementary School

Dev. Kdg. thru 4th Grade
Stacy Maynard, Principal
7900 Ida St.
Ida, MI 48140
Phone: 734-269-3605 Fax:
734-269-3885

Ida Middle School

5th thru 8th Grade
David Eack, Principal
3143 Prairie St.
Ida, MI 48140
Phone: 734-269-2220
Fax: 734-269-2576

Ida High School

9th thru 12th Grad
Chuck Fuller, Principal
3145 Prairie St.
Ida, MI 48140
Phone: 734-269-3485
Fax: 734-269-3495

Please forward this student's cumulative file, including academic and achievement tests, health and immunization records, disciplinary and behavior records. If appropriate, send special programming information, including psychological data and Individualized Education Planning Committee paper (IEP).

In order to comply with Public Act 328, please verify that the above named student has not been suspended or expelled from school for weapons, arson, or criminal sexual conduct violation subsequent as of January 1, 1995. If the above named student has been suspended or expelled for one of the above named violations, please attach an explanation as to the current status of the student.

Superintendent