



17350 Hazel St.  
Spring Lake, MI 49456  
P: 616.844.9961  
F: 616.844.9941

## Request for Educational Records

**Parent/Guardian:** Please complete the student information below so that we may request educational records for your child from their previous school district. A separate form must be completed for each student being registered.

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Previous School Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZipCode: \_\_\_\_\_

School Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**School Official:** Please forward complete educational records as indicated below for the student listed.

- General Education Records (include grades/transcript, attendance history, health and immunization record, standardized test scores, report cards, and discipline/behavior information.)
- Special Education/Confidential Records (include IEP, MET, medical records, psychiatric and psychological evaluations, social worker reports, social history, and Functional Behavior Assessments.)
- Behavior Plans
- Sections 504 Plans
- Health Plans

Please mail records to:  
West Michigan Academy of Arts & Academics  
17350 Hazel St.  
Spring Lake, MI 49456  
Attn: Records