## Red Oak Community School District

	Ned Oak Community Conoci District	
	Please check the box for the school your child will be attending:	
	K-6 grades Inman Elementary, phone: 712-623-6635 fax: 712-623-6638	3
	Red Oak Early Childhood Center, ph: 712-623-6630 fax: 712-623-6634	
	7-12 grades Jr/Sr High School, phone: 712-623-6610 fax: 712-623-6613	
Previous School:		
	·	
Fax#	Phone #	
(Name of stude	, has enrolled in grant) (Birth date)	ade.
•		
Please <b>fax</b> the fol	llowing information ASAP:	
<u> </u>		
	✓ Academic Records	
	<ul> <li>✓ Standardized Test Results (Iowa Assessments)</li> <li>✓ Birth certificate</li> </ul>	
	✓ Current Grades and/or withdrawal grades	
	✓ Health/Immunization Records	
	<ul><li>✓ Current Athletic Physical</li><li>✓ Psychiatric/Psychological Evaluations</li></ul>	
	✓ Fsychiathc/Fsychological Evaluations ✓ IEP Special Education Records	
	✓ 504 Plan	
<ul> <li>General</li> </ul>	lly, schools must have written permission from the parent or eligible student in order to release	
any info	rmation from a student's education record. However, FERPA allows schools to disclose those, without consent, to the following parties or under the following conditions (34 CFR § 99.31):	
-	e the release of school records for the student listed above to the Red Oak	
Community School	JI DISTRICT.	
	Signature of Parant/Cuardian	
	Signature of Parent/Guardian	
	Date	
		-
For Office Use Only: Date mailed/faxed	Add Date	

Drop Date\_\_\_\_\_

Date rec'd records\_\_\_\_\_