

LOCKPORT SCHOOL DISTRICT 91

“Education is our connection to the future”

808 Adams Street

Lockport, IL 60441



OFFICIAL REQUEST FOR RECORDS

Student Name: _____ **DOB:** _____

Grade: _____ Has the student ever attended an Illinois school? ___Yes ___No

Previous School Attended: _____

Address: _____

City/State/Zip: _____

How long did student attend this previous school? _____

(If less than one school year, please complete an additional form for other school)

This release does not waive the right to challenge or review the contents of said records by the parents, guardian or emancipated minor as prescribed by law.

Parent Signature: _____ Date: _____

The student named above has enrolled/or is enrolling at Lockport School District 91. Please send the cumulative record for this student so proper placement can be made and recordkeeping maintained. Please include the following records:

1. All Medical and Immunization Records
2. Custody/Legal Guardianship Papers (if applicable)
3. Student Birth Certificate
4. Present and Past Grades
5. Attendance Record
6. Student’s Cumulative file and Standardized Test Scores
7. ISBE Student Transfer Form(if transferring from an Illinois Public School)
8. Any Special Education Records, including most recent IEP, Psychological Evaluations, Social History, Educational Evaluations.

Thank you in advance for your prompt attention to this request.

Please send Student Records to:
Attn: Mrs. Cindy Dragosh, Registrar/Student Data Specialist
 Lockport School District 91
 808 Adams Street
 Lockport, IL. 60441
 Tel: (815)838-0737x1177 Fax: (815) 834-4339 Email: cdragosh@d91.net

Please send records via: _____

Request Sent: _____