

1310 E. Route 66 Lebanon, MO 65536 P. 417.532.9141 F. 417.532.9492

Dr. David Schmitz, Superintendent Dr. Brad Armstrong, Asst. Superintendent Michele Hedges, Asst. Superintendent Adam Dameron, Chief Financial Officer Nick Cotta, Dir. of Special Programs Jacy Overstreet, Dir. of Communication Board of Education Bob O'Neil, President Jason Riggs, Vice-President Kim Light, Member Sherry Headley, Member John Carr, Member Jeremiah Hough, Member

Request for Records

Name:		Date of Birth:	Grade
Parent/Guardian Name:			
Previous School Attended:			
City:	State:	Last Date Attended:	
Your signature is autho	rization for a one time only reques	at of records. Any further information need	led will require a new signature.
Parent/Guardian Signature:		Date:	
		student in order to release any information from e following parties or under the following condi	
 School officials with I 	legitimate interest;		
 Other schools to whice 	h a student is transferring;		
 Specified officials for 	audit or evaluation purposes;		
 Appropriate parties in 	connection with financial aid to a stude	ent;	
 Organizations conduc 	ting certain studies for or on behalf of the	he school;	
 Accrediting organizat 	ions;		
 To comply with a jud 	icial order or lawfully issued subpoena;		
 Appropriate officials in 	in cases of health and safety emergencie	es; and	
 State and local author 	ities, within a juvenile justice system, p	ursuant to specific State law.	
Please fax the following copies:	FOR	OFFICE USE ONLY	
Immunization Record			
Health/Medical Record			
Grades	lus		
Attendance & Discipl	ina Pacorde		
Testing Scores	me Records		
Special Education Rec	cords, including, but not limited to: Cural valuation and/or Reevaluation, etc.	rent IEP, IEP Amendments, Evaluation Report,	Consent for Initial Provision of Services
	· · · · · · · · · · · · · · · · · · ·	ection 504 Accommodation Plan, Evaluation Re	enort etc
Gifted Records	mending, but not immed to. Current by	Serion 50 17 tecommoduron 1 km, 2 variation 10	port, etc.
Other Notes: SEE ATTAC	THED SHEETS FOR ADDITIONAL N	IOTES.	
Please return to:			
Enrollment Secretary Sig	gnature:		Date:
	p		