



REQUEST FOR TRANSFER OF SCHOOL RECORDS

Twinsburg City School District IRN: 050070

Student Name _____

Date of Birth _____ Current Grade Level _____

Signature of Parent/Guardian/Student* _____
(*Student must be 18 years old or older)

This signature acknowledges permission to release to the **Twinsburg City School District** all pertinent school information including: withdrawal form, student profile information including photo, most recent report card, transcript (Middle/High school), credits earned, standardized test scores (i.e., End of Course, Ohio State Tests, KRA, etc. based on grade level), gifted information, ELL status (code) if applicable including OELPA scores, attendance information, discipline information, medical/immunization information, birth certificate, adoption documentation, and, if applicable – psychological tests, 504’s, ETR’s, IEP’s, intervention information (RIMP).

Date withdrawn from previous school district (last date of attendance) _____

Former School Name _____

Former School Address

_____ Street City State Zip Code

Former School Phone Number _____ Fax Number _____

Former School Email _____

<p>PLEASE INCLUDE THE FOLLOWING RECORDS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Withdrawal Form <input type="checkbox"/> Student Profile information including photo <input type="checkbox"/> Most recent Report Card/Grades in Progress <input type="checkbox"/> Transcripts (Official – High School only) <input type="checkbox"/> Standardized Test results (i.e. End of Course, KRA, Next Gen, OGT, OST, etc.) <input type="checkbox"/> Attendance Information – days/hours absent, excused, unexcused, OSS <input type="checkbox"/> Discipline Information <input type="checkbox"/> Medical/Immunization Information 	<p>IF APPLICABLE FOR STUDENT, ALSO INCLUDE:</p> <ul style="list-style-type: none"> <input type="checkbox"/> ELL status including OELPA Scores <input type="checkbox"/> RIMP (Reading Improvement Monitoring Plan) <input type="checkbox"/> Gifted Information – WEP, test results, etc. <input type="checkbox"/> Special Education documents (IEP, ETR, MFE, 504) <p>Please send Special Education records to: Twinsburg City School Pupil Services Department c/o Twinsburg High School 10084 Ravenna Road Twinsburg, OH 44087</p>
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Please send educational records to one of the following (based on grade level):

<p>Twinsburg High School <i>Grades 9-12</i> 10084 Ravenna Road Twinsburg, OH 44087 Phone: 330.486.2400 Fax: 330.405.7406</p>	<p>RB Chamberlin Middle School <i>Grades 7-8</i> 10270 Ravenna Road Twinsburg OH 44087 Phone: 330.486.2281 Fax: 330.963.8313</p>	<p>Dodge Intermediate School <i>Grades 4-6</i> 10225 Ravenna Road Twinsburg OH 44087 Phone: 330.486.2200 Fax: 330.963.8323</p>	<p>Bissell Elementary School <i>Grades 2-3</i> 1811 Glenwood Drive Twinsburg OH 44087 Phone: 330.486.2100 Fax: 330.963.8333</p>	<p>Wilcox Primary School <i>Grades K-1</i> 9198 Darrow Road Twinsburg OH 44087 Phone: 330.486.2030 Fax: 330.963.8332</p>
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