

Fax # _____



REQUEST FOR STUDENT RECORDS

The following student: _____ Date of Birth _____.
has enrolled at iLEAD Lancaster Charter School as of (Start Date) _____.

Previous School

Grade attended

Previous School Address

In compliance with state and federal laws, please send all school records including but not limited to; Cumulative, Health, Guidance and Psychological records for the above named student. The Parent(s) and/or Guardian(s) have been informed of this request and notified of their rights under current law.

Please forward all information to:

iLEAD Lancaster Charter School—Annex Site
2110 West Avenue K
Lancaster, CA 93536
661-722-4287 (HEALTH & RECORDS OFFICE)

Parent or Guardian's Name

Date

Fax# _____



REQUEST FOR STUDENT RECORDS

The following student: _____ Date of Birth _____.
has enrolled at iLEAD Lancaster Charter School as of (Start Date) _____.

Previous School

Grade attended

Previous School Address

In compliance with state and federal laws, please send all school records including but not limited to; Cumulative, Health, Guidance and Psychological records for the above named student. The Parent(s) and/or Guardian(s) have been informed of this request and notified of their rights under current law.

Please forward all information to:

iLEAD Lancaster Charter School—Annex Site
2110 West Avenue K
Lancaster, CA 93536
661-722-4287 (HEALTH & RECORDS OFFICE)

Parent or Guardian's Name

Date