

Fremont Elementary School

501 W. Toledo St.

Fremont, IN 46737

Office: 260.495.4385 Fax: 260.495.2133

www.fremontcommunityschoolsindiana.org



Authorization for Release of Student Records

I hereby authorize and request the transfer of all school records pertaining to my child.

FROM:

Name of School

Street/Mailing Address

Phone Number

Fax Number

TO:

Fremont Elementary School
501 West Toledo St, PO Box 625
Fremont, IN 46737
Phone: 260.495.4385
Fax: 260.495.2133

Student Name: _____ Student DOB: _____ Present Grade Level: _____

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Student Name: _____ Student DOB: _____ Present Grade Level: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (please print): _____

Has your child ever been expelled from school attendance? yes no

Is your child in special education? yes no

For school use:

Please check the records requested:

STN – student number _____

Attendance

Discipline

Current Grades in all subject areas

Health records including immunizations

Report Cards and/or Progress Cards

Special Education Records, including IEP and psychological evaluations

Test Scores (State-Wide, NWEA, DIBELS, etc.)

Date Faxed: _____ Date Complete Records Received: _____

Mr. Eric Bryan, Principal

Mrs. Edwina Myers, Secretary/Treasurer

Mrs. Tiffany Pauley, Guidance Counselor,

Mrs. Maria Cain/Secretary

Mrs. Connie Sweeney/Nurse