



Request for Student Records

STUDENT INFORMATION							
STUDENT LAST NAME			STUDENT FIRST NAME			STUDENT MIDDLE NAME	
CURRENT	IT GRADE STUDEN		DF BIRTH (MM/DD/YYYY)	GENDER Female	male		
STUDENT EDUCATIONAL INFORMATION							
NAME OF LAST SCHOOL ATTENDED				DISTRICT NAME			
SCHOOL ADDRESS				CITY	CITY		
STATE ZIP COL		ZIP CODE	CODE		SCHOOL PHONE NUMBER		SCHOOL FAX NUMBER
	STUDENT EVER BEEN RETAINED? No		IF YES, WHAT GI	IF YES, WHAT GRADE?			
	STUDENT EVER ATTENDED A COLE COUI	EFORE?	IF YES, WHAT YEAR AND WHAT GRADE?				
PARENTAL AUTHORITY							
SIGNATURE OF PARENT / GUARDIAN RELA			TIONSHIP TO STUDENT		DATE	TE	
OFFICE USE ONLY							
The Cole County R-1 School District request the following information on the student named above. Please mail or fax the listed items to the following selected school. Thank you. Cole County R-1 Elementary School 13111 Park Street Russellville, MO 65074 Phone: 573-782-4814 Fax Number: 573-782-3435 Grade records Special education records (if applicable) Health records Health records Attendance information Disciplinary records MAP test scores (grades 3-8)							you.
	Cole County R-1 Jr/Sr Hig 13600 Rt. C Russellville, MO 65074 Phone: 573-782-3313 Fax Number: 573-782-326		 Current withd Special educa Health record Attendance in Disciplinary re EOC and other includes ACT Missouri Cons US Constitution 	nformation			
(05-23)	<u> </u>						