

Plymouth Shiloh Local Schools

Request for Records

365 Sandusky St.
Plymouth, Ohio 44865
(419) 687-4733

Previous School: _____ Date: _____

Fax: _____ Phone: _____

Contact Person/E-Mail: _____

Your former student, _____, Date of Birth: _____

Grade _____, has applied for enrollment at the Plymouth Shiloh Local School District.

Will your student be Open Enrolled with us? Yes or No

What district is your Open Enrolled student currently residing? _____

Please forward the following records to the above address or e-mail to:

____ Plymouth High School (fax 419-687-8175) – japorter@plymouthk12.org

____ Shiloh Middle School (fax 419-687-8175) – sony@plymouthk12.org

____ Plymouth Shiloh Elementary (fax 419-687-9040) – lkennard@plymouthk12.org

____ **Transcript of school courses and grades**

____ **Achievements/Proficiency/Competency/Ability test results**

____ **Health and Immunizations Records**

____ **All personal identification data on file (including birth certificate)**

____ **Any Multi-Factored Evaluation/IEP/ETR/504 or any other special program information**

____ **Individual Career Plan (if applicable)**

____ **Attendance/Absence Data**

____ **Custody Papers (if applicable)**

Below you will find the Parent/Guardian permission form for records release.

Thank you!

Parent's Name: _____

Address: _____

Phone: _____

Email: _____

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To School Officials:

I am hereby requesting that all student records for: _____
(Student's Name)

be released to Plymouth Shiloh Local School District. These records should include all information requested above and any other pertinent student information.

(Parent/Guardian Signature)

(Date)