SCHOOL DISTRICT OF CLAYTON STUDENT INFORMATION RELEASE/REQUEST FORM



I hereby authorize the release of any pertinent information pertaining to my child to the School District of Clayton

Name of Student:			DOB:		
Current Grade:		Date	Date Last Attended:		
Name of last school	ol attended:				
School Address:					
School Phone:		School Fax:			
Parent/Guardian S	ignature:				
Relationship to student:		Date:			
 Aca star IEF EL, Hea Atto Dis 	idemic records included and addressed test scores P/504 Records //Gifted assessments alth and Medical records endance records cipline records	ding classes taken, g and records ords	below in accordance with rades, grade level com	pleted, schools attended	and
School Registrar Signature:		Date:			
Plea	se mail all records to	school indicated be	elow to the attention o	of the Registrar:	
Clayton High 1 Mark Twain Circle Clayton, MO 63105 (314) 854-6600 Fax (314) 854-6626	Wydown Middle 6500 Wydown Clayton, MO 63105 (314) 854-6400 Fax (314) 854-6490	Captain Elementary 6345 Northwood Clayton, MO 63105 (314) 854-6100 Fax (314) 854-6190	Glenridge Elementary 7447 Wellington Way Clayton, MO 63105 (314) 854-6200 Fax (314) 854-6290	Meramec Elementary 400 S. Meramec Clayton, MO 63105 (314) 854-6300 Fax (314) 854-6348	

Under the Federal Education Rights and Privacy Act (FERPA) parental consent is not required but will expedite the enrollment process.