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 scho | ol attended: | | | | |
| School Address: | | | | | |
| | Street | | | | |
| | City | | State | Zip | |
| School Phone: | | | School Fax: | | |
| Parent/Guardian S | Signature: | | | | |
| Relationship to student: | | | Date: | | |
| sta • IE • He • Att | ademic records inclu ndardized test scores P/504 Records alth and Medical Rec tendance Records scipline Records | | rades, grade level com | npleted, schools attended and | |
| If there are no disc | ciplinary records on f | file for this student, j | please complete the fo | ollowing: | |
| School Registrar Signature: | | | Date: | | |
| Plea | ase mail all records to | school indicated be | elow to the attention of | 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.