



REQUEST FOR STUDENT RECORDS

Previous School: _____ Grades Attended: _____

Address of Previous School: _____

City: _____ State: _____ Zip: _____

School Phone Number: _____ School Fax Number: _____

The following student will start at Veritas Classical Academy on: _____

Start Date

Student Name	Grade	Date of Birth
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The above-named student has enrolled into Veritas Classical Academy. We request that you transfer all student records including, but not limited to, directory data, behavioral records, progress records, pupil physical health records, and special education services.

High Schools: Please include a copy of your system of grading, your graduation requirements, and WIAA physical card.

School records should be sent to:

Veritas Classical Academy

Attn: Jackie Tubbs

913 1st Ave.

Chippewa Falls, WI 54729

The above request is made in accordance with s.s.118.125 (4) Wisconsin Statutes. Schools are required under said statute to transfer requested pupil records no later than the next working day of receiving an appropriate, written notice of enrollment. In accordance with this statute and federal law 34 CFR 99.31 (a) (2) and 99.34(b), parental/ student release is not required.