

(New Students Only)

Burr Ridge School District 180

Request for Student Records

(Please Print)

Student's Name _____ Grade _____

PRIOR SCHOOL DISTRICT INFORMATION

School Name: _____

Address: _____

City: _____ State _____ Zip _____

The above named student has enrolled in our District. We would appreciate you sending us any student records that you have. If applicable please include what is listed below:

_____ Permanent and Temporary Records

_____ Health and Immunization Records

_____ Results of Psychological Testing

_____ Special Education Records

_____ PARCC Results

_____ NWEA Scores

_____ Progress Monitoring Data

_____ ISBE 33-78 Student in Good Standing Letter

(If applicable) Did student pass the State Constitution Test? ___Y ___N /The US Constitution Test? ___Y ___N

PLEASE MAIL RECORDS TO

_____ Anne M Jeans Elementary School

_____ Burr Ridge Middle School

Attn: Student Records

Attn: Student Records

16W631 91st Street

15W51 91st Street

Willowbrook, IL 60527

Burr Ridge, IL 60527

Parent/Guardian Signature _____

Date _____

OFFICE USE ONLY

1st Request _____

Faxed Mailed

2nd Request _____

Faxed Mailed

3rd Request _____

Faxed Mailed

4th Request _____

Faxed Mailed

