

# Elbert School District #200

## Confirmation of Enrollment and Attendance

Name of Current School or Agency: \_\_\_\_\_

Name of Previous School or Agency: \_\_\_\_\_

Previous School's Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Student's Information** (To be provided by the current school or agency)

Legal Name:	Last	_____
	First	_____
	Middle	_____

Birth Date: \_\_\_\_\_ Colorado ID # (SASID): \_\_\_\_\_

The student listed above enrolled in our school on \_\_\_\_\_ (date)

The student began attending classes in our school on \_\_\_\_\_ (date)

Signature of the School/District Representative providing this information:

\_\_\_\_\_  
Signature Title Date

**The originating school should keep a copy of this form for verification of transfer.**

## Request for Records

The following records are hereby requested if applicable:  **All Records**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Transcripts or report cards                      | <input checked="" type="checkbox"/> Advanced Learning Plan/GT data         |
| <input checked="" type="checkbox"/> Test data / standardized test scores             | <input checked="" type="checkbox"/> Discipline records                     |
| <input checked="" type="checkbox"/> English Language (ELL) test score                | <input checked="" type="checkbox"/> Immunization records                   |
| <input checked="" type="checkbox"/> List of courses and grades at time of withdrawal | <input checked="" type="checkbox"/> Health/medical/sports physical records |
| <input checked="" type="checkbox"/> Attendance records                               | <input checked="" type="checkbox"/> Psychological records                  |
| <input checked="" type="checkbox"/> Response to Intervention Data and/or READ Plan   | <input checked="" type="checkbox"/> Sociological records                   |
| <input checked="" type="checkbox"/> IEP (Individual Education Plan)                  | <input checked="" type="checkbox"/> Copy of birth certificate              |
| <input checked="" type="checkbox"/> 504 Plan   | <input type="checkbox"/> Other _____                                       |

PLEASE MAIL OR EMAIL THE REQUESTED RECORDS TO:

Elbert School District #200  
PO Box 38, Elbert CO 80106  
Telephone: (303) 648-3030  
Email: [ecornell@elbertschool.org](mailto:ecornell@elbertschool.org)

Date of Request \_\_\_\_\_

The Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 CFR Part 99), as revised, states (a) An educational agency or institution may disclose personally identifiable information from an education record of a student without the written consent of the parent of the student or the eligible student if (1) The disclosure is to other school officials, including teachers, within the agency or institution has determined to have legitimate educational interests. (2) The disclosure is to officials of another school or school system in which the student seeks or intends to enroll.