



8535 State Route 47, Yorkville, IL 60560  
P: (630) 553-7861, F: (630) 553-2580  
schoolinfo@hiscross.net

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

School last attended: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_, who attended \_\_\_\_\_ grade, has transferred to Cross Lutheran School. Please send the school records and the following "initialed" information. Thank you.

### **Release of School Records**

- \_\_\_\_\_ Identifying information, academic transcripts, attendance record, accident and health records, honors and awards received, standardized test scores, speech therapy report.
- \_\_\_\_\_ Family background information
- \_\_\_\_\_ Disciplinary information
- \_\_\_\_\_ Verified reports from non-school persons or agencies
- \_\_\_\_\_ Psychological evaluations
- \_\_\_\_\_ Special education file including reports of multidisciplinary staffings
- \_\_\_\_\_ Social work reports
- \_\_\_\_\_ Verified reports from other school districts that are part of the student's Special Education file; including psychological reports, social work reports, and medical information.

Thank you for your timely response.

Sincerely,  
Miriam Ulrich  
Acting Principal