

EVERGREEN PARK ELEMENTARY SCHOOL DISTRICT 124

Administrative Office: 2929 W 87th Street, Evergreen Park, IL 60805

Previous School
Attended: _____

Student Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Phone: _____

DOB: _____ Grade: _____

FAX: _____

Parent/Guardian: _____

Phone: _____

RELEASE OF STUDENT RECORDS

I hereby give my consent to and request the release of the following records:

Permanent Records including attendance records, health and medical records.

Temporary Records including report cards and progress reports; achievement test scores; local and state assessment data; diagnostic test information; intelligence scores; psychological evaluations; special education records including IEP documents and evaluations; 504 documents including eligibility reports and accommodation plans; social work/counseling reports; disciplinary/behavior reports.

Parent/Guardian Signature: _____ **Date:** _____

Please send these records to:

Central Middle School, 9400 S Sawyer, Evergreen Park, IL. 60805
Phone: 708/424-0148 Fax: 708/229-8406

Northeast Elementary School, 9058 S California, Evergreen Park, IL 60805
Phone: 708/422-6501 Fax: 708/229-8410

Northwest Elementary School, 3630 W 92nd Street, Evergreen Park, IL 60805
Phone: 708/425-9473 Fax: 708/229-8407

Southeast Elementary, 9800 S Francisco, Evergreen Park, IL 60805
Phone: 708/422-1021 Fax: 708/229-8413

Southwest Elementary School, 9900 S Central Park, Evergreen Park, IL 60805
Phone: 708/424-2444 Fax: 708/229-8416

(For Office Use)

First request Sent _____ Second Request Sent _____ Third Request Sent _____

EVERGREEN PARK ELEMENTARY SCHOOL DISTRICT 124

Oficina Administrativa: 2929 W 87th Street, Evergreen Park, IL 60805

Escuela anterior: _____

Nombre de estudiante: _____

Domicilio: _____

Domicilio: _____

Ciudad/Estado/Código P. _____

Ciudad/Estado/Código P. _____

Teléfono: _____

Fecha de Nac. _____ Grado: _____

FAX: _____

Padre/madre/tutor: _____

Teléfono: _____

CONSENTIMIENTO PARA COMPARTIR EL EXPEDIENTE DEL ESTUDIANTE

Por medio del presente, doy mi consentimiento para que se soliciten y se compartan los siguientes expedientes:

- Expedientes permanentes, incluyendo registros de asistencia, y los expedientes de salud y médicos.
- Expedientes temporales, incluyendo reportes de calificación y reportes de progreso; calificaciones de las pruebas de logro; datos de evaluaciones locales y estatales; información de pruebas de diagnóstico; puntajes de inteligencia, evaluaciones psicológicas; expedientes de educación especial, incluyendo documentos de IEP y evaluaciones; documentos de 504 incluyendo los reportes de elegibilidad y planes de adaptación; reportes de trabajo social/consejería; reportes disciplinarios/de comportamiento.

Firma de padre/madre/tutor: _____ Fecha: _____

Por favor, envíe estos expedientes a:

- Central Middle School, 9400 S Sawyer, Evergreen Park, IL. 60805
Phone: 708/424-0148 Fax: 708/229-8406
- Northeast Elementary School, 9058 S California, Evergreen Park, IL 60805
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Phone: 708/424-2444 Fax: 708/229-8416

(Sólo para uso de la oficina)

First request Sent _____ Second Request Sent _____ Third Request Sent _____