



WAUKEE COMMUNITY SCHOOL DISTRICT AUTHORIZATION TO RELEASE STUDENT RECORDS

_____ / ____ / _____
 Last Name First Name MI Date of Birth Grade

Current School: _____ P: _____ F: _____

Current School Address: _____

Is student currently serving a suspension or expulsion? (circle one) YES NO

Let this be written permission for all school records of our child to be released and sent directly to the school indicated below:

_____ / ____ / _____
 Parent/Guardian Signature Date

COMPLETED BY RECEIVING SCHOOL

This student has registered to enroll in the Waukee Community School District as of ____ / ____ / ____.

<input type="checkbox"/> Brookview Elementary 8000 EP True Pkwy WDM, IA 50266 P: 515-987-5166 F: 515-225-4578	<input type="checkbox"/> Eason Elementary 605 SE Boone Dr Waukee, IA 50263 P: 515-987-5200 F: 515-987-2707	<input type="checkbox"/> Grant Ragan Elementary 645 NE Dartmoor Dr Waukee, IA 50263 P: 515-987-0435 F: 515-987-9566	<input type="checkbox"/> Maple Grove Elementary 1455 98th St WDM, IA 50266 P: 515-987-3363 F: 515-987-3903
<input type="checkbox"/> Radiant Elementary 5050 170th St Urbandale, IA 50323 P: 515-987- F: 515-987-	<input type="checkbox"/> Shuler Elementary 16400 Douglas Pkwy Clive, IA 50325 P: 515-987-8597 F: 515-987-1536	<input type="checkbox"/> Walnut Hills Elementary 4240 NW 156th St Urbandale, IA 50323 P: 515-987-3585 F: 515-987-9784	<input type="checkbox"/> Waukee Elementary 850 6th St Waukee, IA 50263 P: 515-987-5193 F: 515-987-5194
<input type="checkbox"/> Woodland Hills Elementary 1120 S 95th St WDM, IA 50266 P: 515-987-5196 F: 515-987-7560		<input type="checkbox"/> South Middle School 2350 SE LA Grant Pkwy Waukee, IA 50263 P: 515-987-3222 F: 515-987-3233	<input type="checkbox"/> Waukee Middle School 905 Warrior Ln Waukee, IA 50263 P: 515-987-5177 F: 515-987-2741
<input type="checkbox"/> Prairieview 655 SE University Ave Waukee, IA 50263 P: 515-987-2770 F: 515-987-2789	<input type="checkbox"/> Timberline 2605 SE LA Grant Pkwy Waukee, IA 50263 P: 515-987-9444 F: 515-987-9051	<input type="checkbox"/> Waukee High School 555 SE University Ave Waukee, IA 50263 P: 515-987-5163 F: 515-987-2784	

Please send the following information along with this form to the school indicated above:

<input type="checkbox"/> Transcript	<input type="checkbox"/> Attendance Record	<input type="checkbox"/> Discipline Record	<input type="checkbox"/> Withdrawal Date	<input type="checkbox"/> Grade Level
<input type="checkbox"/> Grades (including those at time of withdrawal)	<input type="checkbox"/> Key to Grading System	<input type="checkbox"/> Standardized Test Scores (ACT, SAT, COMPASS, ACT Workkeys)	<input type="checkbox"/> IEP and Special Education Information	<input type="checkbox"/> 504 Accommodations
<input type="checkbox"/> Birth Certificate (copy)	<input type="checkbox"/> Health Information (including immunizations)	<input type="checkbox"/> ELL Information (if applicable - including placement and exit dates)	<input type="checkbox"/> Psychological Records	<input type="checkbox"/> Gifted Programs Records (including criteria for admission to program and individual IQ scores, if applicable)

_____ / ____ / _____
 Registrar Date