

APPLETON CITY HIGH SCHOOL

**408 W. 6th Street
Appleton City, MO 64724
Phone: (660) 476-2118
Fax: (660) 476-2312**

Student Name: _____ Date : _____

Date of Birth: _____ Grade Level: _____

Previous School: _____

Address/City/State/ZIP: _____

Phone: _____ Fax: _____

Dear Registrar:

The above named student is enrolling in the Appleton City R-2 School District. Please forward all applicable educational records as soon as possible for this student, including complete transcripts, withdrawal grades, test scores, special services records (IEP, diagnostic summary, evaluation), immunizations, and any other pertinent information. Records should be faxed to **(660) 476-2312**.

Parent/Guardian

Elliott Stephenson
School Counselor

As per senate bill 182-Article 5 RE: Privacy of pupil records (Section 19047) parent release is not required for transfer of school records between schools.