

**APPLETON CITY ELEMENTARY SCHOOL**  
**408 West Fourth Street**  
**Appleton City, Missouri 64724**  
**Phone: 660-476-2108      Fax: 660-476-2104**

**STUDENT INFORMATION RELEASE FORM**

Student Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Reported Grade Level: \_\_\_\_\_

I give permission for the **Appleton City R-II School District** to receive medical, diagnostic, and testing information (both verbally and written) from:

School: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

We request the following information:

\_\_\_\_ Cumulative Permanent School Records (e.g. transcript, standardized test scores, discipline records, withdrawal information, grade reports, attendance records)

\_\_\_\_ Health and immunization records

\_\_\_\_ Birth certificate and social security number

\_\_\_\_ Psychological test results/reports

\_\_\_\_ Special Education Records including active IEP and current evaluation reports

\_\_\_\_ Other information helpful for educational placement including records from previous schools

The information is requested for the following reason:

\_\_\_\_ Transfer to this district

\_\_\_\_ New enrollment/Re-enrollment

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

\_\_\_\_\_  
Date

**Please fax immediately immunization records, birth certificate and social security number to 660-476-2161.**

**Please mail remaining student information to:**

Mr. Stephen Miller, Principal  
Appleton City Elementary School  
408 West Fourth Street  
Appleton City, MO 64724