

# Scarsdale Union Free School District

---

## School Records Transfer Request

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

To:

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

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

Attention: \_\_\_\_\_

---

The following student is registering to attend Scarsdale Public Schools:

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

Date of Birth: \_\_\_\_\_

Please forward a copy of all school records for this student (including academic, health, attendance, disciplinary records, individual evaluations, IEP's, Section 504 Accommodation Plans, and a final transcript if high school student) to:

Scarsdale School Name: \_\_\_\_\_

School Secretary (attn): \_\_\_\_\_

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

City/State/Zip: Scarsdale, NY 10583

Parent/Guardian Name: \_\_\_\_\_

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