

Student Transfer of Records



8094 Plantation Drive
West Chester, OH 45069
P: 513-755-0169
F: 513-755-0179
www.intlacademy.org

Student's Name: _____ Grade: _____

Parent's Name: _____

Address: _____

Phone #: _____ Date of Transfer: _____

Sending School Name & Address:

Phone #: _____

Fax #: _____

Receiving School Name & Address:

El-Sewedy International
Academy of Cincinnati
P.O. Box 1369
West Chester, OH 45071
Phone: 513-755-0169
Fax: 513-755-0179

Records to be released:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Academic | <input checked="" type="checkbox"/> Attendance | <input checked="" type="checkbox"/> Discipline |
| <input checked="" type="checkbox"/> Health / Immunization | <input checked="" type="checkbox"/> Birth Certificate | <input checked="" type="checkbox"/> Custody Papers |
| <input checked="" type="checkbox"/> Psychological (Diagnostic Summaries, IEP) Special Education Records | | <input checked="" type="checkbox"/> ESL testing information |

I hereby request _____ to release the requested information
(Sending School)

To International Academy of Cincinnati
(Receiving School)

Signature of Parent / Guardian Relationship Date

.....
Date Sent: _____ By: _____

Record Received Yes Date: _____ By: _____

No Reason for not receiving: _____