

School District of the City of St. Charles, MO
Dr. Jason Sefrit, Superintendent

School student is transferring from:

Name of School

Street Address

City, State Zip

Phone No.

Fax No.

Name of Student _____ Grade _____

Date of Birth: _____

Signature of Parent _____

Parent Contact Phone number _____

St. Charles West High School has permission to request school records including:

- Health and medical records
- Grades
- Psychological information
- Special education information (IEP, current evaluations and alternative instructional data)
- Discipline records
- Attendance records
- Other data that may be helpful
- Please include a copy of the birth certificate

According to the Federal Regulations – Family Educational Rights and Privacy Act (Buckley Amendment) date June 17, 1976, it is no longer necessary to obtain written consent to release records. It states that school officials, including teachers within the educational institution and officials of other schools in the school system in which the student may intend to enroll, may receive a student's record without written consent for such release.

Please fax and mail originals to:

Sandi Swift, Registrar
St. Charles West High School
3601 Droste Road
St. Charles, MO 63301
FAX: (636) 443-4286

Thank you for your cooperation.

Sandi Swift
Registrar