

Records Request

Student Name: _____

Grade: _____

DOB: _____

Date: _____

The above student is now enrolling in Gold Rush Charter School. Please send the following information for completion of enrollment.

**Transcript or Report Card: please FAX to 209-532-9234 – Attn: Registrar
including withdrawal grades and test scores**

Cumulative File with the following included:

Health Records

Transcripts or report card (including withdrawal grades)

Test Scores

Immunization Record

Attendance Records

Discipline Records

Special Education Records including: IEP, ITP, BIP, Psychological Report and all other assessments.

Please mail to:

Gold Rush Charter School

Attn: Registrar – Rhonda Spears
14673 Mono Way, Sonora, CA 95370

Last School Attended: _____

Address _____ City, State, Zip: _____

Phone: () _____ Fax: () _____

Dates Attended: _____ / _____ / _____ to _____ / _____ / _____

No previous School Attended: _____ (check here if student was not previously enrolled in a school).

Parent Signature: _____ Date: _____

The Federal Family Rights and Privacy Act, Buckley Amendment, Sec. 99.30, Paragraph (b), does not require a parent's signature for transferring of records.

The enrollment date of this student is: _____ / _____ / _____

Rhonda L. Spears / Registrar

Ph: 209-533-8644 ext# 205

Fax: 209-532-9234

Date Requested:

1st Request

2nd Request

3rd Request