



REQUEST FOR STUDENT RECORDS

Date _____

ATTN: Registrar, (Name of School) _____

School Number _____ **School Fax Number** _____

The student named below has enrolled at Perry Street Preparatory Public Charter School for the 2018-2019 School Year.

Name of Student _____

DOB _____ USI Number(if applicable) _____

Parent Name (please print) _____

Parent Signature _____

Please send the Final Report Card, Test Assessments (DC DCAS, ELL, other), Health and Immunization Records and other pertinent information that would assist us in meeting this student's educational needs.

If this student has an **Individualized Education/Student Plan (IEP)**, evaluations or reports of occupational therapy, physical therapy and/or speech and language evaluations, please include that information as well.

Please send the documents to my attention at the address below or you may fax documents to 202-526-2214. Your cooperation in forwarding these records promptly is greatly appreciated.

Thank you,

Cheryl Bell
Student Information Manager
202.551.0823
chbell@pspdc.org