

EPPING MIDDLE SCHOOL

Guidance

33 Prescott Road; Epping, New Hampshire 03042

PHONE: 603.679.2544

Fax: 603.679.8118

REQUEST FOR STUDENT RECORDS

TO SENDING SCHOOL: Please FAX immunization and most recent grades to (603) 679.8118.
Hard copies and all other academic, health, and special education (if applicable) student records should be mailed to the Epping Middle School Guidance Office at above address.

Thank you.

PART I: Please complete the following information

Student name _____ DOB _____ Grade _____

Previous school _____
Address _____

Phone/Fax _____

PART II: Special Education -If student is, or has been special education, please provide copies of IEP, evaluations, and all other special education documentation. Thank you.

Does this student currently have an IEP? yes _____ no _____

Has this student had an IEP in the past? yes _____ no _____

Has this student been considered for any special education services in the past? yes _____ no _____

Is English the primary language spoken in the home? yes _____ no _____

If no, what is the primary language: _____

Parent/guardian name (please print) _____
(Guardian must supply proper documentation)

Home address _____

Phone _____ email _____

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Parent/guardian signature _____ Date _____