



Request for School Records

Please fill in the required information, sign and submit to your child's current school

Student Name _____ Birthdate _____ Current Grade _____

Address _____
(Street) (City) (State) (Zip)

I, _____ the parent/guardian of _____,
request _____,
(Current School) (Phone Number)

provide copies of school record information to Archbishop Alter High School. The records should include copies of all school records as defined by public law 93-380, and any amendments thereto, including standardized test scores, latest quarter report cards, IEP/Evaluation Team Report (if applicable) and State of Ohio Graduation Test scores. (Health records are not required at this time).

These records will be used for consideration of admissions and appropriate education placement only and I am not requesting a permanent transfer of records at this time. A request for final records, including immunizations and health records, will be made following course registration.

Parent/Guardian signature _____ Date _____

Relationship to child _____ Phone number _____

**Please send records to:
Archbishop Alter High School
Attn: Mary Ruth Shearer, Director of Admissions
940 East David Road
Kettering, OH 45429
Phone: 937-428-5394 Fax: 937-434-0507**