



REQUEST FOR STUDENT RECORDS

Date: _____

To: _____

Name of student's previous school

Address of previous school (street, number, city, state, zip code)

Student Name: _____

Date of Birth: _____

The above named student has enrolled with Miramonte School.

Please send all information concerning this student by forwarding his or her cumulative folder. Please include a complete transcript of the grades earned at your school.

Parent Signature: _____

Date: _____

Please send the health records and verification of immunizations.

Parent Signature: _____

Date: _____

Public Law 93-380, regarding the "Release of School Records", has been modified by SB 182, article 5, Privacy of Pupil Records, 10947, which reads:

A school district is not authorized to permit access to pupil to any person without consent or under judicial order except that:

- (A) *Access shall be permitted to the following: Officials and employees of other public schools or school systems including local, county, or state correctional programs leading to high school graduation are provided. Where the pupil intends to or is directed to enroll subject to the rights of the parent is provided in Section 10939.*

Send To: **Miramonte School**
1175 Altamead Drive
Los Altos, CA 94024

Registrar Signature: _____ Date: _____