



Regina Catholic Education Center
Request for Records

2150 Rochester Ave
 Iowa City, IA 52245
 319.338.5436 / fax 319.887.3817

To be completed by the parent/guardian:	
School Name:	Address:
Phone:	City:
Fax:	State/Zip:
Student's Name:	Current Grade:
State ID:	DOB:
<i>I give permission to release the following to Regina Catholic Education Center for enrollment purposes.</i>	

 (Parent/Guardian Signature - REQUIRED)

 (Date)

Information to be supplied by current/former school (mail, fax, phone) PLEASE SEND IMMEDIATELY

We are requesting the following information for the student listed above because they have applied for admission to Regina Catholic Education Center. Another request for the student's full file will be submitted if the student enrolls at Regina Catholic Education Center.

1. Does this student have an IEP, 504, or another accommodation plan? No Yes (please send current plans)
2. Does this student receive English Language services? No Yes
3. Please provide the following disciplinary information.
 - a. Has this student ever been expelled from your school or any other? No Yes
 - b. Has this student received an in-school or out-of-school suspension in the past 6 months? No Yes (please send details)
 - c. Has this student ever been disciplined for violating the school Code of Conduct? No Yes (please send details)

Please provide a copy of the following documents from the student's file:

- | | | |
|-------------------------------------|--------------------------|--------------------------|
| Transcripts (Report Cards) | Standardized Test Scores | Copy of Current Schedule |
| Individualized Education Plan (IEP) | 504 Accommodation Plan | Attendance Records |
| Discipline Records | ELL Testing data | CPR Education |

Information supplied by: _____