



# Stuart Middle School

575 SE Georgia Avenue, Stuart, FL 34994

Eunice McMurrain: Data Entry / Registrar

772-219-1685 ext. 105 FAX: 772-219-1266

Email: McMurre@martin.k12.fl.us

Last School Attended:

\_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_

## Request for Records

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

As parent/guardian of the above student, I give permission for release of records to Stuart Middle School.

Parent/Guardian Signature \_\_\_\_\_

The Federal Register column 41, No. 118, Section 99.31, June 17, 1996, states: "prior consent for disclosure is not required... if the disclosure is to officials of another school or school system in which the student seeks or intends to enroll."

-----**For office use only**-----

The above named student has enrolled at Stuart Middle School.

**Please fax the following:**

- Birth Certificate
- Immunizations
- Copy of Physical
- Standardized Test Scores
- IEP / EP
- 504 Plan
- MTSS history
- ELL Records/Info
- Academic History
- Grades at time of transfer
- \_\_\_\_\_

1<sup>st</sup> Request \_\_\_\_\_

2<sup>nd</sup> Request \_\_\_\_\_

3<sup>rd</sup> Request \_\_\_\_\_