

Student Records Request

Student's Name: _____

Today's Date: | |
mm dd yyyy

Information Being Requested By:

School Name: <u>Utopian Academy for the Arts</u>	<u>404-361-4200</u>	<u>770-234-6707</u>
Address: <u>2750 Forest Parkway</u>	<small>Phone</small>	<small>Fax</small>
	<u>Ellenwood, Georgia</u>	<u>30294</u>
		<small>Zip</small>

Student Information

	<small>Last Name</small>	<small>First Name</small>	<small>Middle Name</small>	<small>Suffix (Jr, Sr, II, III, etc)</small>
Date of Birth: <u> </u> <u> </u> <u> </u>				
	<small>mm</small>	<small>dd</small>	<small>yyyy</small>	
Previous school name/grade: _____				<small>Grade</small>
Address of previous school: _____				
	<small>City</small>	<small>State</small>	<small>Zip code</small>	
Phone/Fax of previous school (if known): _____				
	<small>Phone</small>	<small>Fax</small>		

The student listed above is seeking admission into Utopian Academy for the Arts. Please assist us by providing the information listed below:

- | | | |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Standard Educational Record | <input type="checkbox"/> Section 504 Plan | <input type="checkbox"/> Individualized Education Plan |
| <input type="checkbox"/> Standardized Test Scores | <input type="checkbox"/> Screening & Health Information | <input type="checkbox"/> Psychological Evaluation |
| <input type="checkbox"/> Immunization Certificate | <input type="checkbox"/> Eye Ear & Dental Certificate | <input type="checkbox"/> ALL Special Ed Records |
| <input type="checkbox"/> Gifted Eligibility | <input type="checkbox"/> ESOL/ELL Record | |
| <input type="checkbox"/> Disciplinary Report/Statement | <input type="checkbox"/> Social Security Card | |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Attendance Report | |
| <input type="checkbox"/> Withdrawal Form | <input type="checkbox"/> Any other information that is vital to the student's education | |

Parent/Guardian Signature: _____ Date: _____

Per Georgia DOE Board Rule 160-5-1-14 schools must mail or otherwise deliver requested records within ten (10) calendar days of receipt of request. Schools shall not withhold any student record because of nonpayment of fees.

Georgia requires that all students entering Georgia schools for the first time, regardless of their grade level, provide a shot (immunization) record showing that they are adequately immunized. Please include this immunization record in your release.