



THE INTERNATIONAL SCHOOL

TO: _____
ATTN: _____
PHONE: _____
FAX: _____

FROM: _____
DATE: _____
PHONE: _____

The student named below has entered our school:

Name: _____

DOB: _____ Last Grade Attended _____

Previous School Attended: _____

Address

State

Zip

Please send a complete record of all the following information:

- Withdrawal Form
- Speech Records
- Accelerated Reader Records
- Transfer Grades
- Special Education Records (IEP/Eligibility/Psychological Evaluation or Reports)
- Birth Certificate
- 504 (active or inactive)
- Standardize/State Test Sc
- Report Cards
- Immunization Certificate
- Allergies/Medical Health
- Discipline Records
- All Other Records

Fax or Mail Records to:

The International School at Mesa del Sol
2660 Eastman Crossing, SE
Albuquerque, NM 87106
Fax: (505) 508-3328

My consent is given for my child's records and/or all other pertinent information to be released to The International School at Mesa del Sol. All Information obtained will be kept strictly confidential.

Parent/Guardian Printed Name

Parent/Guardian Signature