



Other ID # \_\_\_\_\_

\_\_\_\_\_  
(Name of school)

\_\_\_\_\_  
(Today's Date)

Attended Lawrence Public Schools Yes \_\_\_\_\_ No \_\_\_\_\_

Name of LPS school/Date attended \_\_\_\_\_

Name must be as it appears on birth certificate:

Student Legal Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Middle Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: Male / Female

Student's Email Address \_\_\_\_\_ Grade level: 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>

Race/Ethnicity: a) Is the student Hispanic/Latino or of Spanish origin?  Yes  No

b) Select one or more races from the following racial groups: \_\_\_\_\_

1=American Indian or Alaska Native

2=Asian

3=Black or African American

4=Native Hawaiian or Other Pacific

5=White

Does this student receive special education services? Yes \_\_\_\_\_ No \_\_\_\_\_ Primary Exceptionality: \_\_\_\_\_

If yes, please provide Health Insurance information:  Medicaid  Healthwave  Other \_\_\_\_\_

Primary Guardian residing at the student's address:

Circle One: Father / Mother / Step / Other

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Residential Address (No PO Box) \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ Employer \_\_\_\_\_

Call Order \_\_\_\_\_ Unlisted \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

For online access to student records, please provide a current email address: \_\_\_\_\_

Secondary Guardian residing at the student's address:

Circle One: Father / Mother / Step / Other

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Residential Address (No PO Box) \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ Employer \_\_\_\_\_

Call Order \_\_\_\_\_ Unlisted \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

For online access to student records, please provide a current email address: \_\_\_\_\_

Parent **NOT residing** at the above address: Extra Mailings:  Yes  No E-mail address \_\_\_\_\_

Circle One: Father / Mother

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Residential Address (No PO Box) \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ Employer \_\_\_\_\_

Call Order \_\_\_\_\_ Unlisted \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

For online access to student records, please provide a current email address: \_\_\_\_\_

Student lives with:  Both parents  Mother  Father  Stepparent  Guardian  Other \_\_\_\_\_

List Phone number(s) for Automated Phone Messages: \_\_\_\_\_

**What school did student attend during the 2010-2011 school year?**

School Name \_\_\_\_\_ City/State \_\_\_\_\_

Kansas school entry date: \_\_\_\_\_ United States school entry date: \_\_\_\_\_

What language is usually spoken in the home? \_\_\_\_\_

What is the first language of the student? \_\_\_\_\_

Does either parent have a first language other than English? \_\_\_\_\_

Has your family moved in the last 36 months to seek or obtain agriculture or fishing-related work?  Yes  No

If yes, was the move from one school district to another?  Yes  No

**Person(s) other than physician to call in case of illness or emergency if unable to reach parent:**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

**Has the student ever been Expelled or Suspended** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

When \_\_\_\_\_ Length of time \_\_\_\_\_ School \_\_\_\_\_

When \_\_\_\_\_ Length of time \_\_\_\_\_ School \_\_\_\_\_

I have read and agreed to the Acceptable Use Policy. I give permission for my student to use school computers, including Internet, under the supervision of school personnel. \_\_\_\_ initials

I have read and agree to the Blanket Authorization to participate in field trips within the Lawrence Area. I give permission for my student to attend trips within Lawrence planned by the school and under the supervision of school personnel. \_\_\_\_ initials

I have reviewed and understand the responsibilities of students riding Lawrence Public School buses and agree to assume full responsibility for my child's conduct on the bus. \_\_\_\_ initials

I give permission for my student's photographs, videotape coverage, voice and/or student work to be used in school-related publications/website or promotional pieces. \_\_\_\_ initials

I agree to the above statements. \_\_\_\_\_  
Parent/Guardian signature

**If the parent or guardian requires special accommodations due to a disability, please inform the school office.**



# REQUEST FOR SECONDARY STUDENT RECORDS

Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

State Student ID: \_\_\_\_\_

**Please FAX UNOFFICIAL school records as soon as possible.**

**Please MAIL official records.**

RECORDS REQUESTED FROM PREVIOUS SCHOOL:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Years attended pervious school: \_\_\_\_\_ to \_\_\_\_\_

Current Grade Level: \_\_\_\_\_ Last grade level attended: \_\_\_\_\_

Please send the records which are checked below:

- Permanent Records
- Grades (Current Semester Grades required)
- Attendance Records
- Immunization Records
- Current Transcripts
- Discipline Records
- Special Education File
- Standardized Test Results
- Other Records: \_\_\_\_\_

I hereby authorize the disclosure of all educational, medical, and psychological information regarding the above student to go to or be received from the school indicated on this form. I understand that the information thus obtained will be treated in a confidential manner.

\_\_\_\_\_  
Parent/Legal Guardian's Signature (if required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Name

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_  
Telephone