



Student Record Request

School Name _____ Date: _____

School Address _____

Ph. No. _____ Fax No. _____

This certifies that the student(s) listed below has/have enrolled at Carlisle Community Schools:

Table with 3 columns: Student's Name, Date of Birth, Grade. Includes three rows of blank lines for student information.

Please forward a copy of his/her academic record as soon as possible. Include grades at date of withdrawal (if applicable), explanation of grading system, test scores, health records with immunization card, any special testing results including psychological and special education.

Note: Federal Law 99.30 allows for education records to be sent to educational agencies without the parent's signature requirement.

Send to:

_____ Carlisle High School, Student Records, 430 School St., Carlisle, IA 50047 questions: 515-989-0831

_____ Carlisle Middle School, Student Records, 325 Scotch Ridge Rd., Carlisle, IA 50047 questions: 515-989-0833

_____ Hartford Upper Elementary, Student Records, PO Box H, Hartford, IA 50118 questions: 515-989-0316 (Grades 4 & 5)

_____ Carlisle Elementary School, Student Records, 430 School St., Carlisle, IA 50047 questions: 515-989-0339 (Grades K - 3)

Thank you!

District Office 430 School Street Carlisle, Iowa 50047 (515) 989-3589

High School 430 School Street Carlisle, Iowa 50047 (515) 989-0831

Middle School 325 Scotch Ridge Rd Carlisle, Iowa 50047 (515) 989-0833

Hartford Elementary 500 Vine Street Hartford, Iowa 50118 (515) 989-0316

Carlisle Elementary 430 School Street Carlisle, Iowa 50047 (515) 989-0339