



International School of Broward Charter School
STUDENT REGISTRATION FORM

Only the parent/guardian who registers the student or other identified below, may withdraw the student from his/her current school, unless there is documentation of extenuating circumstances indicating otherwise. If the information below changes, it is the parent's/guardian's responsibility to notify the school within 10 school days.

REQUEST FOR STUDENT RECORDS/TRANSCRIPT

To:

Previous School Name

Address City Zip Code

Phone () - Fax () -

Re: Student last name Student first name Birth Date MM/DD/YY

I give permission and approval to International School of Broward to contact my child's school, by both mail and telephone, to obtain academic performance information concerning my child. In addition, with my signature below, I authorize the release/transfer concerning my child's school records to International School of Broward Administrative offices.

- Transcript of all past grade levels
Current grades including withdrawal
Psychological Evaluation
Medical and Immunization records
Standardized test results
Special Education Records
Cumulative Folder

Please mail and/or fax the above requested items.

Date Release was signed

Name of Person Authorizing Release/Contact (Please print name)

Relationship to Child

Signature Authorizing Release/Contact

1st Request - Date: / /

2nd Request - Date: / /

3rd Request - Date: / /