

COLCHESTER HIGH SCHOOL

131 Laker Lane ◻ P.O. Box 900 ◻ Colchester, VT 05446
Phone (802) 264-5700 ◻ Fax (802) 264-5757

Heather Baron, Principal
Jean Shea, Director of Student Support Services
Internet Address: www.csdvt.org/chs



Justin Brown, Assistant Principal
Timothy Emery, Assistant Principal
Bernie Cieplicki, Athletic Director

REQUEST FOR STUDENT RECORDS

DATE: _____

___ The following student is considering registering at our school. **(Please fax preliminary records)**

___ The following student will be registering at our school on _____. **(Please fax preliminary records and send permanent file)**

___ The following student has already registered with our school on _____. **(Please send permanent file)**

STUDENT'S NAME

DATE OF BIRTH

GRADE

Previous School Name _____

Previous School Address _____

Previous School Phone Number _____ Previous School Fax Number _____

Records Should Include:

___ Birth Certificate ___ Guardianship/Custodial Records ___ Current Grades ___ Transcript
___ Discipline Records ___ Special Education Records ___ Health Record ___ Test Scores
___ VT State ID Student # _____

SPECIAL COMMENTS / NOTES / REQUESTS: _____

REGISTRAR'S SIGNATURE: _____

DATE: _____

According to the Final Regulation-Family Education Rights and Privacy Act (Buckley Amendment) dated June 17, 1976, **it is no longer necessary to obtain written consent from the parent/guardian to release records between schools.** It states that "school officials, including teachers within the educational institution and officials of other schools in school systems in which the student may intend to enroll, may receive a student's records without written consent for such a release".