Vidalia City Schools

**Enrollment Notification / Records Release Form**

New School Name: Click here to enter text.

Street Address: Click here to enter text.

City, State, Zip Code: Click here to enter text.

[ ] Please **WITHDRAW** my student from Click here to enter text. as of Date:Click here to enter a date.

[ ] Transferring to a Choose an item.: Enter Name of School Homeschool: [ ]  Yes [ ]  No

[ ] Requesting records for the current school term: Type Current School Term

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| STUDENT INFORMATION |
| Legal Last Name:Click here to enter text. | Legal First Name:Click here to enter text. | Legal Middle Name:Click here to enter text. | Suffix:Choose |
| Grade: Choose | Gender: Choose. | Birth Date: Choose. | Social Security Number: Here | GTID#:  |
| SCHOOL RECORDS ARE REQUESTED FROM |
| Name of School: Click here to enter text. | School Address: Click here to enter text |
| City: Click here to enter text | State: Click here to enter text | Zip Code: Click |
| Date Student Enrolled: Click. | Phone: (including area code) Click | Fax Number: (including area code) Click |
| Title of School Official Completing Form Click | Signature of School Official Completing Form: |
| Please forward all records related to the above student. Please include the following: |
| [x]  Copy of Social Security Card | [x]  Birth Certificate | [x]  GTID Number |
| [x]  Ear, Eye and Dental | [x]  Health Records | [x]  Withdrawal Forms/Transfer Grades |
| [x]  Immunization Records | [x]  Discipline Records | [x]  Attendance Records |
| [x]  RTI/SST/POI Records | [x]  504 Documentation | [x]  Speech Records |
| [x]  Gifted Records | [x]  OT /PT Prescription(Rx) | [x]  All Test Scores (GKIDS, Milestones) |
| [x]  Transcript (High School Students Only) | Special Education Records (IEP) : [x]  Individualized Education Plan (Current) [x]  Current Eligibility (Current)[x]  Individualized Education Plan (Initial) [x]  Current Eligibility (Initial)[x]  Consent for Evaluation (Initial) [x]  Placement Consent[x]  Meeting Notice [x]  Psychological  |
| PARENT/LEGAL GUARDIAN SIGNATURE |
| I, the parent/legal guardian of the above named student, hereby authorize the above named school to release any of the listed school records to the indicated school. I further authorize this receiving person or agency to release to the personnel of the school district any or all information regarding the student which pertains to his/her educational, physical and social adjustment in school. I further understand that I may review the transferred records by making such request of the principal, and may also have all or any part of these records properly interpreted as necessary by appropriate school personnel. |
| Parent/Legal Guardian Signature: (Required) | Relationship to Student: | Date: |
| Signature of Witness: | Business Phone of Witness: | Date: |
| Business Address of Witness: | City/State/Zip: |
| \* If over 18 years of age, the student has the releasing authority. \* Signature and copy of identification required. |

Please Mail, Fax or E-Mail the completed forms to:

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| **For Special Education** Special Education DepartmentKatrina Black301 Adams Street Vidalia, GA 30474Fax#: 912-538-0938Email: mbraddy@vidalia-city.k12.ga.us | **For PreK-1 General Education** J. D. Dickerson Primary SchoolShawn McLemore800 North Street EastVidalia, GA 30474Fax: 912-537-6282Email: mclemore@vidalia-city.k12.ga.us | **For 2-5 General Educational** Sally D. Meadows Elem. SchoolStephanie Shiver205 Waters DriveVidalia, GA 30474Fax#: 912-537-1160Email: sshiver@vidalia-city.k12.ga.us | **For 6-8 General Education** J. R. Trippe Middle SchoolStephanie McCloud2200 McIntosh StreetVidalia, GA 30474Fax#: 912-537-3223Email: smccloud@@vidalia-city.k12.ga.us | **For 9-12 General Education** Vidalia Comp. High SchoolRosa Morales 1001 North StreetVidalia, GA 30474Fax #: 912-537-7508Email: rvallin@vidalia-city.k12.ga.us |