



Request for Transfer of All Educational Records between Schools

TO: Previous School: _____ District: _____
Street: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Fax: _____

RE: Youth: _____ Date of Birth: _____ Grade: _____

The student listed above has enrolled in the Spokane Public School District. Please forward the complete cumulative file including records of disciplinary action, history of violent behavior (RCW 12.04.155), attendance, immunization records, academic performance and **special education** to the requested school below.

It is essential that Excelsior Holistic Schools have the student's record for initiating and facilitating treatment. Referring to RCW 28A.635.060(3), "If the Department of Social and Health Services or a child placing agency licensed by the department had granted custody of a child, that child's records, if requested by the department or agency, are not to be withheld for nonpayment of school fees or for any other reason."

**Excelsior Holistic Schools
3754 West Indian Trail Road
Spokane, WA 99208-4736
T: (509) 559-3100 F: (509) 328-7582**

Signature of Records Designee: _____ Date: _____

Signature of Legal Guardian: _____ Date: _____

