



School Requesting Records: _____

Address: _____

Phone # / Fax #: _____ / _____

Date: _____

To: _____
(School Name)

(Street Address)

(City) (State) (Zip)

We have just enrolled the following child/children in Ann Arbor Public Schools. Please send records, including medical, social, psychological and any other reports that would assist us in placing and evaluating this student.

These reports should be forwarded to the above address

Student Legal Name (Last, First)

Grade

Date Of Birth

(Parent /Guardian Signature)