



# Fox Chapel Area School District

## STUDENT CHANGE IN ENROLLMENT FORM

No. 208-AR  
ADMINISTRATION REGULATION  
APPROVED: April 26, 2013  
REVISED:

### STUDENT INFORMATION

Student Name: _____	State Student Number: _____
Current School: _____	Grade Level: _____
Start Date: _____	End Date: _____

Reason for change in enrollment:  
(i.e. withdrawing, moved from district, assigned to a placement school, entry or exit from Special Education)

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### STUDENT WILL BE EDUCATED BY:

Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____
Contact Name: _____

### Signatures:

_____ Person Withdrawing the Student	_____ Relationship	_____ Date
_____ Fox Chapel Area SD Representative		_____ Date

Send copy to Guidance Counselor, Pupil Services and Registration Clerk at your school.  
Copy to be placed in Student's Permanent Record folder.  
Attach signed Request for Student Records and Release form.



## **Fox Chapel Area School District**

### **REQUEST FOR STUDENT RECORDS AND RELEASE**

Please use this form to request records from other schools and facilities.

#### **Student**

**NAME**

**DOB**

#### **Record Request**

**To obtain from/release to, and communication with**

**Please send records to**

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**PHONE NUMBER**

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**FAX NUMBER**

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|---|--|
| <input type="checkbox"/> PA Secure ID             | <input type="checkbox"/> Discipline Records  |
| <input type="checkbox"/> Permanent School Records | <input type="checkbox"/> Special Education Records (Evaluation Reports and Individual Education Plans) |
| <input type="checkbox"/> Health Records           | <input type="checkbox"/> Standardized Test Data  |
| <input type="checkbox"/> Cumulative Records       | <input type="checkbox"/> Other:  |

#### **Authorization to Release Student Records**

*I hereby authorize Fox Chapel Area School District to obtain from/release to, and communicate with the above school and/or agency. This consent will begin the date of signing and will expire one year later unless revoked in writing. I, the undersigned hereby acknowledge that I have read this authorization before its execution and fully understand the nature of this release. All information released will be handled confidentially in compliance with the Family Educational Rights and Privacy Act (FERPA).*

Date

Signature of Parent/Guardian

Signature of Witness

Signature of Student