

School Records Request



Camden Rockport Middle School
34 Knowlton St
Camden ME 04843
crms.fivetowns.net

TO WHOM IT MAY CONCERN AT:

Date Sent: _____

Name of school transferring from:

Phone:

Address:

Fax:

The student(s) listed below recently registered at our school. Please send us all available records as indicated below. If records are housed in different locations (i.e. Special Education office, School Health office) please forward this request to them as well. Thank you for your prompt assistance.

The following records are requested:

- MEDMS State I.D. number: _____
- All appropriate educational records (transcript of grades, standardized test results, counseling records, attendance, copy of birth certificate, etc.)
- Special Education Records (PET minutes, Individual Educational Plan (IEP), 504 Plan, evaluations, educational, psychological, speech/language, hearing, social work assessments, occupational/physical therapy, S.A.T. recommendations etc.)
- Health Records (including immunization records)
- Disciplinary Records (including suspension/expulsion information)

Student(s):

Grade(s):

Date Last Attended:

Parent/Guardian Name:

Address:

Signature:

Date:

Send Records to:

Camden Rockport Middle School
34 Knowlton Street
Camden ME 04843

Or Email to:

Alicia.Martin@fivetowns.net