



**6. AUTHORIZATION AND REQUEST FOR PERMANENT SCHOOL RECORDS  
FOR STUDENTS ENTERING GRADES K-3**

Charter School of Inquiry has enrolled the following student: \_\_\_\_\_ for the coming school year. It is requested that a copy of the school records be released or transferred to the Charter School of Inquiry.

TO BE COMPLETED BY PARENT OR GUARDIAN			
Name of school your child last attended (15-16 school year):			
School Address:			
City:	State:	Zip:	School Phone:
			Fax:
Last Grade Attended:		Date of Birth:	
Other Schools Attended:			
AUTHORIZATION			
Parent/Guardian: _____ <div style="text-align: center; margin-left: 100px;"><i>Print name</i></div>			
Parent/Guardian: _____ <div style="text-align: center; margin-left: 100px;"><i>Signature</i></div>			
Relationship to Student: _____		Date: _____	

**TO FORMER SCHOOL: Please include any of the following that may apply to this child. Thank you for your cooperation.**

***Student Record* (✓ if included)**

- Cumulative Records
- Attendance Records
  
- Copy of Student's Data Form
- Grade Card (or information about pupil placement)
- Dental Record(s)
- Medical Record(s)
- Social Security Card
- Intervention Team Records/Data (AIS)
- Title 1/DIBELS Data and Records

***Student Record* (✓ if included)**

- Student 900 number or other ID
- Special Education (IEP)/MFE/ETR/504 Plan
- Expulsion/Suspension Documents
- Immunization Record(s)
  
- Copy of Birth Certificate
- Custody/Court Documents
- Proof of Residency
- ELL language and service plan
- Other: \_\_\_\_\_  
specify \_\_\_\_\_

**Please send all student records to CSI:**

**Via Mail:**  
**Charter School of Inquiry (CSI)**  
**404 Edison St.**  
**Buffalo NY 14215**

**Via Fax:**  
**716- 831- 7947**  
**Attention: Shawn Knight**