

Lucerne Elementary School

3351 Country Club Drive
P.O. Box 1083
Lucerne, CA 95458
Telephone: 707-274-5578 Fax: 707-274-9865
Mike Brown, Principal/Superintendent

REQUEST FOR RELEASE OF STUDENT INFORMATION

FORMER SCHOOL: _____

The student listed below has enrolled in our District. Lucerne Elementary School District is requesting all records:

- > Cumulative File
- > Health records
- > Psychological data
- > Special Service Data: (Speech Therapy, Tutoring, IEP information, etc.)
- > Discipline History Report

STUDENT'S NAME: _____

BIRTHDAY: ____/____/____

GRADE: _____

PARENT/GUARDIAN: _____

DATE: ____/____/____

SCHOOL REPRESENTATIVE: _____

DATE ____/____/____

Please send the requested records to:

LUCERNE ELEMENTARY SCHOOL
P. O. BOX 1083
LUCERNE, CA 95458-1083

To speed-up the enrollment process, could you please FAX the following ASAP to:
(707) 274-9865

Birth Certificate
Immunizations
CHDP
Social Security #

CSIS # (if from California School)
CELDT Test Date (if applicable)
Last IEP (if in Special Education)
Discipline History Report



Thank you!