

Prior School:

REQUEST FOR RECORDS

And Discipline Information

Phone:

Address:		Fax:	
The student listed below has been address listed below or notify the transcripts of grades and credits, a	school if you have no reco achievement and ability te DNFIDENTIAL information t	cal Academy. Please e-mail the student's comple ord of the student. Records include: Cumulative est scores, health records and any other pertiner that may influence the student's educational planter special education services).	Student Record Folder CA60, nt information concerning the
Child's Legal First Name:		Child's Full Legal Last Name:	
Child's Date of Birth:	Grade Level:	Student #: (Office will complete)	
Discipline Record			
		removal from Ivywood Classical Academy nents, attached documentation and/or an exp	lanation.
The student has been expelled from school.			☐ Yes ☐ No
The student had an in-school/out-of-school suspension within the last two years			☐ Yes ☐ No
While on school premises, at a school-sponsored activity, or on a private or school-sponsored vehicle traveling to or from school or school-sponsored event, the student was suspended/expelled for: • An offense involving weapons, alcohol, drugs • A willful infliction of injury to another person • An act of violence against a person and/or property The student has been convicted of a crime or is pending felony charges.			
The student withdrew from a former district in lieu of being charged with conduct that may have resulted in expulsion or long-term suspension.			ave
Verification of Information			
I verify the above information t Classical Academy.	to be true and accurate.	I request student records and information be	disclosed to Ivywood
Legal Parent / Guardian Signature Date			
Forwarding School			
infliction of injury to persor school premises, at a school transportation to or from so documentation.	ns and/or act of violence of sponsored activity, or o chool or a school-sponsored	nvolving weapons, alcohol or drugs, or willful against persons and/or property committed on a public or private conveyance providing red activity, please forward appropriate ormation provided above by the parent/guardi	☐ Correct
Signature of forwarding District A	dministrator	Position Date	<u> </u>

Please return this form and requested files via email or mail:

Ivywood Classical Academy – Attn: Enrollment Coordinator, 14356 Genoa Ct., Plymouth, MI 48170

IvywoodClassical@ChoiceSchools.com – Subject: Enrollment Documents with Student's Name

*Note, since the building is under construction, we are unable to accept walk-ins. We will be hosting many events over the summer, where you will be able to turn in your forms.

NOTICE OF NONDISCRIMINATION Ivywood Classical Academy prohibits discrimination against its customers, employees, and applicants basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted by the Department. (Not all prohibited basis will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, contact Civil Rights Coordinator, Principal, or Superintendent at Ivywood Classical Academy. 248-207-1757