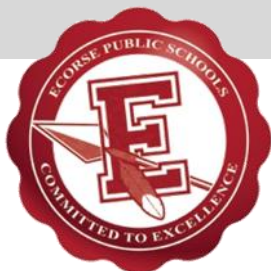


**ECORSE
PUBLIC
SCHOOLS**



STUDENT RECORDS RELEASE FORM

Please clearly print all information with black or blue ink

Date: _____

Student's Name: _____

Date of Birth: _____ Grade Enrolling: _____

LAST SCHOOL ATTENDED

Name: _____

Address: _____

Phone: _____ Fax: _____

Grade completed at last school: _____

Please release all the cumulative files: CA60, Health Records, Social Worker Records, Special Education Records, Psychological Records, and ELL Records (if applicable)

Forward records to:

Ralph J. Bunche Pre-K to 3rd
Grade 503 Hyacinthe
Ecorse, MI 48229
FAX (313) 294-4719

Grandport Academy 4th to
8th Grade 4536 Sixth Street
Ecorse, MI 48229
FAX (313) 383-3125

Ecorse High School 8th – 12th
Grade 27385 W. Outer Drive
Ecorse, MI 48229
FAX (313) 294-4709

Hope Academic Academy Ages
16 – 19
27225 W. Outer Drive
Ecorse, MI 48229
FAX (313) 294-4769

Prior to mailing the records please fax over the following documentation:

- Copy of latest report card
- Copy of IEP (if applicable)
- Discipline Records
- Attendance Records

SCHOOL TRANSFER WEAPONS FREE SCHOOL ZONE STATEMENT: The above mentioned student has enrolled in Ecorse Public Schools, in order to comply with public Act. 328 please verify that he/she has not been expelled from school for a weapons violation subsequent to January 1, 1995. If the above has been suspended or expelled due to weapons violation, please attach an explanation as to the current status of the student.

School Official **School Name** **Date**

Parent/Guardian Authorized Signature **Date**