



Stuart Middle School

575 SE Georgia Avenue, Stuart, FL 34994

DELIA GARCIA

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Last School Attended:

_____ Phone _____
 Address _____ Fax _____

Request for Records

Name _____ Date of Birth _____ Grade _____

As parent/guardian of the above student, I give permission for release of records to Stuart Middle School.

Parent/Guardian Signature _____

The Federal Register column 41, No. 118, Section 99.31, June 17, 1996, states: "prior consent for disclosure is not required... if the disclosure is to officials of another school or school system in which the student seeks or intends to enroll."

-----**For office use only**-----

The above named student has enrolled at Stuart Middle School.

Please fax the following:

- Birth Certificate
- Immunizations
- Copy of Physical
- Standardized Test Scores
- IEP / EP
- 504 Plan
- MTSS history
- ELL Records/Info
- Academic History
- Grades at time of transfer
- _____

1st Request _____

2nd Request _____

3rd Request _____