

Great Neck Public School District
School Records Transfer Request

Date: _____

To:

School District: _____

School: _____

Attention: _____

The following student is registering to attend Great Neck Public Schools:

Student Name: _____

Date of Birth: _____

Please forward a copy of all school records for this student (including academic, health, attendance, disciplinary records, individual evaluations, IEP's, Section 504 Accommodation Plans, and a final transcript if a high school student) to:

Great Neck School Name: _____

Department (ATTN): _____

Street Address: _____

City/State/Zip: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____