



RIVER SCHOOL

Sodus Township School District #5 4439 River Rd., Sodus, MI 49126
Phone 269 925 6757 Fax: 269 925 3144

Record Release Form 2018-2019

CHILD'S NAME: _____ BIRTHDAY: _____

ADDRESS: _____

TELEPHONE: _____ CELL PHONE: _____

PARENT/GUARDIAN _____

CHILD'S PRESENT DISTRICT: _____

CHILD'S PRESENT SCHOOL _____

GRADE LEVEL: 2017-18 _____

LIST SPECIAL NEEDS: (If Applicable) _____

Has your child ever been expelled from school? Yes No

Has your child been suspended from school in the last two years? Yes No

Is there anything you would like us to know about your child? _____

I give permission to the _____ School District to release all school records to River
School/Sodus Twp #5 for _____
(Student Name)

- If more applicants apply than slots are available, a random selection will occur as prescribed by law.
- This application will be considered null and void if any of the information provided is found to be inaccurate.

Parent/Guardian Signature

Date

According to the final Regulations-Family Educational Rights and Privacy Act (Buckley Amendment), It is no longer necessary to obtain written consent to release records. This information can be found in the Federal Register Vol 41, No 118, dated June 17, 1976

