



RECORDS REQUEST

Name of School:

Attention:

City, State Zip

To Whom it May Concern:

The student listed below **is an applicant** to City School. At your earliest convenience, please send the following records via email to info@cityschooltexas.org or via fax (512) 444-7553 to complete the child's application.

If you have any questions or require further information, please call our front office at 512-416-7744, Monday to Thursday, 8:30 AM - 3:30 PM CST or Friday, 8:30 AM - 12:30 PM.

Thank you,
City School Admissions

Student: _____ **Date of Birth:** _____

Student ID#: _____ **or Social Security #:** _____

Parent/Guardian Signature: _____

Records Requested:

- REPORT CARDS - *last 2 years, if available*
- STANDARDIZED TEST RESULTS – *last 2 years, if available*
- TEACHER QUESTIONNAIRE (provided by parent)
- BEHAVIORAL REPORTS, ASSESSMENTS or INTERVENTIONS, if applicable