



**Whitman-Hanson
Regional School District**

OFFICE OF THE SUPERINTENDENT



610 Franklin Street
Whitman, MA 02382
Phone 781-618-7000
Fax 781-618-7099
TTY 781-618-7402
Web: www.whrsd.org

REQUEST FOR RECORDS

_____ has applied as a School Choice Student to the
(Name)

Whitman-Hanson Regional School District in Grade _____ for the 2019-20 school year. In order to ascertain eligibility, please forward the following information to:

**Office of the Superintendent
School Choice
Whitman-Hanson Regional School District
610 Franklin Street
Whitman, MA 02382**

_____	Copy of current report card	_____	Test Scores (MCAS)
_____	Academic Records	_____	Other
_____	Discipline Records **	_____	I.E.P. (If applicable)
_____	I.C.A.P. (If applicable)	_____	504 Plan (If applicable)

Signed

Title

I hereby authorize release of all records requested.

Signature of Parent or Guardian

***As stated in M.G.L. c.71, s.37L, a student transferring into a local system must provide the new school system with a complete school record of entering student. Said record shall include, but not be limited to any incidents involving suspension or violation of criminal acts or any incident reports in which such student was charged with any suspended act.*