

SUTTON MEMORIAL HIGH SCHOOL

**Guidance Office
383 Boston Road
Sutton, Massachusetts 01590
Telephone: (508) 581-1640
Fax: (508) 917-0063**

RELEASE/REQUEST FOR STUDENT RECORDS

Student Name: _____ **Year of Graduation:** _____

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

Parent/Guardian Signature: _____ **Date:** _____

To **From** **Sutton Memorial High School**

To **From** _____
Name of school transferring from/to

Street Address

City, State, Zip

Records Requested		Date Received (For office use)
	1) Official Transcript	
	2) Current year's Courses and Grades at date of withdrawal	
	3) Copy of Student's Schedule for current year	
	4) Copy of either 8th grade or high school MCAS Scores (for Massachusetts students)	
	5) Attendance Records	
	6) Discipline Records	
	7) Standardized Test Scores (if any)	
	8) Health Records	
	9) All evaluation materials and recommendations, including IEP, Section 504 Plan, and/or other Individual Accommodation Plans	
	10) Two Forms of Identification (with address) for Proof of Residency in Town of Sutton	
	11) Proof of Guardianship	
	12) Other	
	13) Other	
	14) Other	
	15) All of the Above (covers numbers 1-14)	

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REGISTRATION FORM

Date of Official Entry: _____ SASID #: _____

Is this the first time enrolled in Sutton Public Schools: _____

Student Last Name: _____ First: _____ Middle: _____

Gender: _____ YOG: _____ Grade Level: _____ School Choice? _____

Date of Birth: _____ City and State of Birth: _____

Street Address: _____

Mailing Address (only if different): _____

City/State/Zip: _____ Phone: _____

Student Email Address: _____

Please answer BOTH questions 1 and 2.

1. Is this student Hispanic or Latino? (choose only one)

- No, not Hispanic or Latino
- Yes, Hispanic or Latino (A Person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

2. What is the student's race? (choose one or more)

- American Indian or Alaska Native (A person having origins in any of the original people of North and South America and who maintains tribal affiliation or community attachment.)
- Asian (a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.)
- Black or African American (a person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander (A person having origins in any of the original people of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White (A person having origins in any of the original people of Europe, the Middle East, or North Africa)

(Please complete reverse side)

Mother's Last Name: _____ First: _____ Middle: _____

Relationship to student: _____ Email: _____

• Does this guardian have the right to dismiss the student?	<input type="checkbox"/> yes <input type="checkbox"/> no
• Does this guardian have the right to receive the student?	<input type="checkbox"/> yes <input type="checkbox"/> no
• Does this guardian live with the student?	<input type="checkbox"/> yes <input type="checkbox"/> no
• Does this guardian receive the student's mail?	<input type="checkbox"/> yes <input type="checkbox"/> no

Street Address: _____

Mailing Address (only if different): _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Workplace: _____ Work Phone: _____

Father's Last Name: _____ First: _____ Middle: _____

Relationship to student: _____ Email: _____

• Does this guardian have the right to dismiss the student?	<input type="checkbox"/> yes <input type="checkbox"/> no
• Does this guardian have the right to receive the student?	<input type="checkbox"/> yes <input type="checkbox"/> no
• Does this guardian live with the student?	<input type="checkbox"/> yes <input type="checkbox"/> no
• Does this guardian receive the student's mail?	<input type="checkbox"/> yes <input type="checkbox"/> no

Street Address: _____

Mailing Address (only if different): _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Workplace: _____ Work Phone: _____

Parent/Guardian Signature: _____ Date: _____