North Farmington High School Counseling Center

1 st Request_	
2 nd Request_	
3 rd Request	

REQUEST FOR SCHOOL RECORDS

Students Name	
Date of Birth	Current Grade Level/Grade Year/
Former School	
Former School Address	
Former School City	Zip
Former School Phone #	School Fax#
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Attention School Registrar: In order to assist in the educational planning	and placement of this student who is transferring from you rward the information below. Thank you for your assistant
This student is in our office <u>now</u> to en	nroll.
This student is expected to enroll on	
This student has already enrolled.	
Please complete the "Affirmation of This form MUST be in our office b	Prior Discipline Record" and FAX to 248-855-2060. efore a Scheduling Appointment may be made.
Please FAX the following documents	as soon as possible to 248-855-2060.
	rent ScheduleExit/Withdrawal Grades nunization RecordsAttendance Records
Please MAIL official records to Official Records should include: Transcript Immunization Record Attendance Record Discipline Record Birth Certificate Most recent Report Card Withdrawal Grades	ATTN: Registrar 32900 W 13 Mile Road Farmington Hills, MI 48334 If applicable, please include: Special Ed Records Psychological Evaluation Individualized Education Plan
Grading System Explanation Standardized Test Scores	504 Plan

CONTACT us at Counseling: 248-785-2023