



Request for Student Records

Request Date: _____

From: Wissahickon Charter School

To: (Enter School Name): _____

School Address: _____
(Street)

(City) (Street) (Zip)

RE: (Student's Name): _____

Student's DOB: _____ Student's ID#: _____

(City) (Street) (Zip)

The student named above has been admitted to our school for the school year beginning September _____.

Please forward the following records as soon as possible:

- ☐ Academic Records (Report Card, etc.)
- ☐ Health Records
- ☐ Standardized Test Scores
- ☐ Special Education Records (IEP, NORA, CER, Psychological Evaluations, etc.)

Parent Authorization

I authorize the release of my child's entire records noted above to the Wissahickon Charter School.

Parent/Guardian Signature: _____ Date: _____

Thank you for your prompt response to this request.

wissahickoncharter.org

Fernhill Campus

Wissahickon Charter School
4700 G Wissahickon Avenue
Philadelphia, PA 19144
267.338.1020

Awbury Campus

Wissahickon Charter School
815 E Washington Lane
Philadelphia, PA 19138
267.774.4370