

RECORDS RELEASE/INFORMATION REQUEST

Pike Delta York Local Schools



Date: _____

Please forward the records that have been checked below:

_____ An official transcript of grades

_____ Grades earned to date of withdrawal if not completed term

_____ All testing information

_____ Health/Immunization records

_____ IEP/ETR (when applicable)

_____ 504 Plan (when applicable)

_____ Birth Certificate

_____ Custody Documentation (when applicable)

Is this an Open Enrolled student? YES NO

STUDENT NAME: _____

BIRTHDATE: _____

GRADE: _____

School Previously Attended: _____

Address: _____

Phone: _____

Parent/Guardian Signature: _____

Please send information to the following:

Pike Delta York Local Schools

Elementary School

1099 Panther Pride Dr.

Delta, OH 43515

Phone: 419-822-5630

Fax: 419-822-2828

E-mail: dmeiring@pdys.org

Middle School

1101 Panther Pride Dr.

Delta, OH 43515

Phone: 419-822-9118

Fax: 419-822-8490

E-mail: wnyquist@pdys.org

High School

605 Taylor St.

Delta, OH 43515

Phone: 419-822-8247

Fax: 419-822-2826

E-mail: ggaynor@pdys.org