

Request for Records Grades 1-8



As part of your child's enrollment at Eastside Community School ("ECS"), we require copies of your child's school and medical records. **Please complete, sign, and deliver this form to the registrar of your child's current school so your child's records can be transferred to ECS.**

To the Registrar: _____
CURRENT SCHOOL

My Child: _____
STUDENT NAME (PLEASE PRINT)

is enrolled at ECS for the upcoming school year. Please send his/her school and medical records to:

Eastside Community School

Attention: Registrar
556-124th Ave NE
Bellevue, WA 98005

Please call (425) 598-2914 or e-mail admissions@eastsidecommunityschool.org if you have any questions.
Thank you for your assistance.

PARENT OR GUARDIAN

PARENT NAME (PLEASE PRINT)

SIGNATURE

DATE