



REQUEST FOR EDUCATIONAL RECORDS

To: _____
Previous School's Name

DATE: _____

Previous School's Address

City State Zip

Phone Number

Fax Number

School District Last Attended

The student(s) listed below recently enrolled in the Wayland Union School district. The parent or guardian has requested that all school records be forwarded to the school marked below. In order for us to accurately place these students and provide possible services, we ask that you forward all records to us as soon as possible. Please include grades, test scores, health records, attendance records, psychological/confidential testing and reports, and Risk/Safety Assessments (if applicable) and any Special Education information including MET's/IEP's. **If records are not kept in your building, please forward this request to the appropriate office.**

Student's Name

Date of birth

Grade

Student's Name

Date of birth

Grade

Student's Name

Date of birth

Grade

Baker Elementary

507 W. Sycamore St
Wayland, MI 49348
Phone 269-792-9208
FAX 269-503-8877

battenfieldk@waylandunion.org

_____ K through 1st Grade

Dorr Elementary

4159 18th St
Dorr, MI 49323
Phone 616-681-9637
FAX 269-503-8877

gills@waylandunion.org

_____ K through 3rd Grade

Steeby Elementary

435 E Superior St
Wayland, MI 49348
Phone 269-792-2281
FAX 269-503-8877

mohras@waylandunion.org

_____ 2nd and 3rd Grade

Pine Street Elementary

201 Pine St
Wayland, MI 49348
Phone 269-792-1127
FAX 269-503-8877

doupec@waylandunion.org

_____ 4th and 5th Grade

Wayland Middle School

701 Wildcat Dr
Wayland, MI 49348
Phone 269-792-2306
FAX 269-503-8877

wierengaj@waylandunion.org

_____ 6th through 8th Grade

Wayland High School

Attn: Main Office
870 E Superior St
Wayland, MI 49348
Phone 269-792-2254
FAX 269-503-8877

ewingj@waylandunion.org

_____ 9th through 12th Grade

I authorize the release of records to Wayland Union Schools for the above named student(s):

Parent/Guardian Signature

OFFICE USE ONLY

DATE REQUESTED _____ DATE RECEIVED _____