



REQUEST FOR INFORMATION FOR REGISTRATION OF A NEW STUDENT

I authorize ROCORI School District to obtain educational information from:

Please send us the official records for:

Student Name: _____

Grade: _____ Birthdate: _____

Previous School Attended:

Name of previous school

Street Address

City State Zip

Phone FAX Email Address

This student has enrolled at:

John Clark Elementary
415 West Broadway
P.O. Box 37
Rockville MN 56369
Ph: 320-251-8651
Fax: 320-251-8430
Email: neugartt@rocori.k12.mn.us

Cold Spring Elementary
601 Red River Ave. North
Cold Spring MN 56320
Ph: 320-685-7534
Fax: 320-685-4962
Email: theisd@rocori.k12.mn.us

Richmond Elementary
P.O. Box 489
34 2nd St North
Richmond MN 56368
Ph: 320-597-2016
Fax: 320-597-2955
Email: groetschd@rocori.k12.mn.us

ROCORI Middle School
534 5th Ave North
Cold Spring MN 56320
Ph: 320-685-8683
Fax: 320-685-4968
Email: molitors@rocori.k12.mn.us

ROCORI High School
534 5th Ave North
Cold Spring MN 56320
Ph: 320-685-8683
Fax: 320-685-4968
Email: jungelsr@rocori.k12.mn.us

Please fax or mail the following information if applicable:

- * Transcript and school records
- * Grades for current school year
- * Standardized test results
- * Health record
- * MARSS State Reporting #
- * Other information:
- * Psychological services report, if any
- * Special education information, if any
- * Social worker involvement, if any
- * Limited English Proficiency help, if any
- * Other Legal Documents

Minnesota law requires the former school district to transmit all education records on the student, including records containing medical or mental health data, to the new school district, charter school, or nonpublic school that the student is or will be attending. M.S. 120A.22, subd. 7.

In accord with revised federal and state statutes, permission of the parent or adult student is no longer required when records are requested by authorized school personnel.

Parent/Guardian Signature: _____ **Date:** _____

Authorized School Personnel: _____ **Date:** _____