



REQUEST FOR EDUCATIONAL RECORDS

Faxed or Emailed to: _____ Date _____

Previous School Name _____

For the students listed below:

In accordance with RCW 28A.225.330 and WAC 392-172A-03105, please provide at a minimum records of disciplinary action, history of violent behavior and behavior listed in RCW 13.04.155, attendance, immunization, academic performance, special placement, and Special Education records (if any), including the current IEP.

Additionally we request, if applicable/available, that you provide sports physical, birth certificate, current grades at time of withdrawal, health concerns, and any other records you feel would be helpful.

Student's Name	Date of Birth	Current Grade	Start Date

Arlington High School
18821 Crown Ridge Blvd
Arlington, WA 98223
360-618-6329
Fax 360-618-6311
registrarAHS@asd.wednet.edu

Weston High School
4407 172nd St NE
Arlington, WA 98223
360-618-6346
Fax 360-618-6341
registrarWHS@asd.wednet.edu

Post Middle School
1220 E Fifth St
Arlington, WA 98223
360-618-6459
Fax 360-618-6455
registrarPMS@asd.wednet.edu

Special Programs Office
315 N French Ave
Arlington, WA 98223
360-618-6215
Fax 360-618-6222
registrarSP@asd.wednet.edu

Haller Middle School
600 E First St
Arlington, WA 98223
360-618-6421
Fax 360-618-6411
registrarHMS@asd.wednet.edu

Stillaguamish Valley Learning Center
1215 E Fifth St
Arlington, WA 98223
360-618-6440
Fax 360-435-1359
registrarSVLC@asd.wednet.edu

Eagle Creek Elementary
1216 E Fifth St
Arlington, WA 98223
360-618-6279
Fax 360-618-6275
registrarEC@asd.wednet.edu

Arlington Open Doors
4407 172nd St NE
Arlington, WA 98223
360-618-6336
Fax 360-618-6341
registrarAOD@asd.wednet.edu

Kent Prairie Elementary
8110 207th St NE
Arlington, WA 98223
360-618-6260
Fax 360-618-6265
registrarKP@asd.wednet.edu

Pioneer Elementary
8213 Eaglefield Dr
Arlington, WA 98223
360-618-6230
Fax 360-618-6234
registrarPIO@asd.wednet.edu

Presidents Elementary
505 E Third St
Arlington, WA 98223
360-618-6240
Fax 360-618-6245
registrarPRES@asd.wednet.edu

We prefer that you email or fax the requested records to the school checked above.

If you wish to mail the records via US Mail, please fax or email the following items a.s.a.p. to facilitate timely enrollment:

School Official Signature _____

Date _____

Parent/Guardian Signature (optional) _____

Date _____