



REQUEST FOR TRANSFER OF RECORDS NOTIFICATION OF ENROLLMENT

To: _____ in the: _____
School Transferring From City/State

Date of Enrollment: _____

This will serve as official notification that the student referenced below is currently enrolled at *Gateway Preparatory Academy*. Please send this student's complete **Cumulative Record File** which should include **complete grades, immunization records, birth certificate, achievement and health** along with any **discipline records and current IEP files**.

Student Name: _____

Date of Birth: _____ Current Grade: _____

IEP: Yes No

*****If yes, please be sure to check with your Special Services department to ensure that we receive the IEP file.

PLEASE FAX BIRTH CERTIFICATE AND IMMUNIZATIONS: YES NO

Please send records to:
Gateway Preparatory Academy
201 E. Thoroughbred Way
Enoch, UT. 84721
Phone: 435-867-5558
Fax: 435-867-5497

A school district may request student records from another school the student has attended previously without the parent signature of approval. Pursuant to "Privacy Act" Section 438b

Parent/Guardian Signature _____ Date _____

Office Use Only

1st Request Date _____ 2nd Request Date _____