

**Cassville R-IV School District**  
**1501 Main Street**  
**Cassville, Missouri 65625-1154**

**Eunice Thomas Elementary**  
(417) 847-2445  
Fax# (417) 847-2462

**Cassville Special Services Office**  
(417) 847-4008  
Fax# (417) 847-3027

**Cassville Intermediate**  
(417) 847-4010  
Fax# (417) 847-2226

**Cassville Middle School**  
(417) 847-3136  
Fax# (417) 847-3156

**Cassville High school**  
(417) 847-3137  
Fax# (417) 847-5111  
E-mail: tcoones@cassville.k12.mo.us

**County District Code**  
005-123

**REQUEST FOR RECORDS**

The student listed below is applying for admission in the Cassville R-IV School District.  
Please forward the following:

1. Transcript of grades and educational records  
(Please note whether this student passed the U.S. and/or the Missouri Constitution test.)
2. EOC test results
3. Withdrawal grades
4. Health records
5. All special education records, including but not limited to evaluations, current diagnostic summary, and individual education programs.
6. Disciplinary summary including all suspensions (in-school and out-of-school) for violations of the district's discipline policy during the last twelve (12) months.
7. Is this student currently under suspension or expulsion from your school district?  
Yes \_\_\_\_\_ No \_\_\_\_\_

This transfer of records is provided in the Family Educational Rights and Privacy Act (FERPA) of 1974. Under Safe Schools Act and FERPA, sending schools are required to respond within five (5) business days of receipt of this request. Violation of this subsection is a Class B misdemeanor in the State of Missouri and a civil action is authorized based upon a district's failure to comply. (Family Educational Rights and Privacy Act, Final Rule on Education Records, Federal Register, June 17, 1976, Vol. 41, No. 118, page 24673.)

Student's Name: \_\_\_\_\_ Current Grade Level \_\_\_\_\_

Birthday: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Parent/Guardian: (Please Print) \_\_\_\_\_

Name and Address of Previous School: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_