

KEENE ISD **2022-2023**

Request for Student Records

Date:					
udent Name:Current Grade:					
ocial Security #:Date of Birth:					
las your child been retained? YES NO		If yes, which g	If yes, which grade?		
PRIOR SCHOOL CONTACT INF	ORMATION				
Name of last school attended:					
City: State	<u>:</u>	Zip Code:_	ip Code:		
Phone #:	Fax: _				
List any other school(s) student has	attended last year	or during the curren	t school year.		
Name of School(s):	nool(s):Phone			e #:	
Name of School(s):	me of School(s):Phon		e #:		
Records maybe mailed or faxe Keene Elementary/Summit	d to: <u>Keene Juni</u> c	or High	Keene High Sch	<u>ool</u>	
ATTN: Amanda Gallaway P O Box 656 Keene, TX 76059 Phone: (817) 774-5312 Fax: (817) 774-5404 agallaway@keeneisd.org	ATTN: Kelly FP O Box 656 Keene, TX 76 Phone: (817) Fax: (817) 77 kronning@kee	059 774-5271 4-5402	ATTN: Sarah Taylor P O Box 656 Keene, TX 76059 Phone: (817) 774-540 Fax: (817) 774-540 staylor@keeneisd.or	or 5461 01	
 social security card birth certificate complete grades to date STAAR scores (if TX School) or complete standardized test rest other educational records (ESL other information which may as 	ther test scores ults and related da original, GT, Specia	ta Il Ed, 504, Dyslexia, P	PGP)		
Parent/Guardian Signature	Date	School	Official Signature	 Date	