



**KEENE ISD
2018-2019
Request for Student Records**

Date: _____

Student Name: _____ Current Grade: _____

Social Security #: _____ Date of Birth: _____

Has your child been retained? YES NO If yes, which grade? _____

PRIOR SCHOOL CONTACT INFORMATION

Name of last school attended: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax: _____

List any other school(s) student has attended last year or during the current school year.

Name of School(s): _____ Phone #: _____

Name of School(s): _____ Phone #: _____

The undersigned authorizes you to send the records of the above named student to the school listed below.

Texas Schools: TReX

Private or Out of State Schools: Date mailed or faxed by KISD: _____

Records maybe mailed or faxed to:

Keene Elementary

ATTN: Rochelle Montgomery
P O Box 656
Keene, TX 76059
Phone: (817) 774-5312
Fax: (817) 774-5404
montgomery@keeneisd.org

Keene Junior High

ATTN: Carol McDermott
P O Box 656
Keene, TX 76059
Phone: (817) 774-5294
Fax: (817) 774-5402
cmcdermott@keeneisd.org

Keene High School

ATTN: Maribel Ortiz
P O Box 656
Keene, TX 76059
Phone: (817) 774-5461
Fax: (817) 774-5401
mortiz@keeneisd.org

PLEASE INCLUDE THE FOLLOWING RECORDS:

- ❖ social security card
- ❖ birth certificate
- ❖ complete grades to date
- ❖ STAAR scores (if TX School) or other test scores
- ❖ complete standardized test results and related data
- ❖ other educational records (ESL original, GT, Special Ed, 504, Dyslexia, PGP)
- ❖ other information which may assist in placing this student

Parent/Guardian Signature

Date

School Official Signature

Date