



**21st Century  
Preparatory School**  
*A Pathway to Success for Every Child*

## INCOMING CUMULATIVE RECORDS REQUEST

21<sup>st</sup> Century Preparatory School  
1220 Mound Avenue  
Racine, WI 53404  
(262) 598-0026 Phone  
(262) 598-0031 Fax

Name of Student \_\_\_\_\_ D/O/B \_\_\_\_\_ Grade \_\_\_\_\_

Name of Student \_\_\_\_\_ D/O/B \_\_\_\_\_ Grade \_\_\_\_\_

Name of Student \_\_\_\_\_ D/O/B \_\_\_\_\_ Grade \_\_\_\_\_

The above named student(s) has/have enrolled at the 21<sup>st</sup> Century Preparatory School in the grade indicated. Please send us any records you have on this student.

## PARENTAL RELEASE

TO:

Name of previous school attended		
Address		
City	State	Zip Code
Telephone/Fax Numbers		

I hereby request and authorize you to release to the 21<sup>st</sup> Century Preparatory School, 1220 Mound Avenue, Racine, WI 53404, all academic transcripts, and other records of student performance, health records, test scores, aptitude tests, interest inventories, and such special placement and objective behavior records you have accumulated concerning our son/daughter. **I also authorize you to release any Special Education files for my son or daughter to the 21<sup>st</sup> Century Preparatory School.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_