

NORTH BEACH SCHOOL DISTRICT #64
336 State Route 115
PO BOX 159
OCEAN SHORES, WA 98569

REQUEST FOR RECORDS

Date: _____

School: _____

School Address: _____

School Phone: _____

School Fax: _____

Please forward the following records for:

Name: _____

Birthdate: _____ Grade: _____

- Official Transcript (High School)
- Withdrawal Grades, if applicable
- Most Recent Report Card
- Test Scores
- Immunization/Health Records
- Psychological Records
- Attendance/Discipline Records including Becca records

Please fax transcript & immunization records now. Mail all records. Thanks!

To best meet the student's needs and determine eligibility for enrollment, we request the following information:

Reason/date of withdrawal _____

Does he/she have a discipline/attendance record? _____

Was he/she suspended/expelled? _____ If yes, date _____

Has he/she been enrolled in any special programs? _____

If yes, please specify: Special Education/IEP 504 Plan Gifted Program

**Please send records to:
(circle one)**

Ocean Shores Elementary
300 Mt Olympus Ave SE
Ocean Shores WA 98569
360-289-2147
360-289-0120 (fax)

North Beach Jr/Sr High
P.O. Box 969
Ocean Shores WA 98569
360-289-3888
360-289-0996 (fax)

Pacific Beach Elementary
P.O. Box 338
Pacific Beach WA 98571
360-276-4512
360-276-4510 (fax)

