



RECORDS RELEASE/INFORMATION REQUEST

Pike Delta York Local Schools

Date: _____

Please forward the records that have been checked below:

_____ An official transcript of grades

_____ Grades earned to date of withdrawal if not completed term

_____ All testing information – EOC/ ACT/ Diagnostics/ TGRG (All Ohio reportable test)

_____ Health/Immunization records

_____ IEP/ETR (when applicable)

_____ 504 Plan (when applicable)

_____ Birth Certificate

_____ Custody Documentation (when applicable)

Is this an Open Enrolled student? YES NO

STUDENT NAME: _____

BIRTHDATE: _____

GRADE: _____

School Previously Attended:

Address: _____

Phone: _____

Parent/Guardian Signature: _____

Please send information to the following:

Elementary School
1099 Panther Pride Dr.
Delta, OH 43515
Phone: 419-822-5630
Fax: 419-822-2828
E-mail: dmeiring@pdys.org

Middle School
1101 Panther Pride Dr.
Delta, OH 43515
Phone: 419-822-9118
Fax: 419-822-8490
E-mail: wnyquist@pdys.org

High School
605 Taylor St.
Delta, OH 43515
Phone: 419-822-8247
Fax: 419-822-2826
E-mail: ggaynor@pdys.org