

Geneva Community Unit School District 304 Request for Student Records

		Date :
Student's Name:		☐ Male ☐ Female Prefer not to answer
Date of Birth:	Grade:	
records, standardized from a public school ir	including health and immunization test scores/results, transcripts, Stud Illinois) ords and psychological tests (if applic	lent Transfer Form (if transferring
This Student is Transferring From:		
School District Name:		
School Name:		
Street Address:		
City, State, Zip Code:		
School Phone:	School Fax/Email(Required)	
Parent's Permission:	(Required) t required for transfer of records between public	
	X(Signature of pare)	nt, guardian, or student if over 18)
	(Jighature of parei	it, guardian, or student if over 10)
	For Office Use Only	
Please Send Records To:		
☐ Geneva High School	☐ Geneva Middle School North	☐ Geneva Middle School South
416 McKinley Avenue	1357 Viking Drive	1415 Viking Drive
Geneva, IL 60134	Geneva, IL 60134	Geneva, IL 60134
Attn: Registrar	PH 630.463.3700	PH 630.463.3600
PH 630.463.3830	FAX 630.463.3709	FAX 630.463.3609
FAX 630.463.3839		
☐ Fabyan Elementary School	☐ Harrison Elementary School	☐ Heartland Elementary School
OS350 Grengs Lane	201 North Harrison	3300 Heartland Drive
Geneva, IL 60134	Geneva, IL 60134	Geneva, IL 60134
PH 630.444.8600 FAX 630.444.8609	PH 630.463.3300 FAX 630.463.3309	PH 630.463.3200 FAX 630.463.3209
☐ Mill Creek Elementary School	☐ Western Avenue School	☐ Williamsburg Elementary
1N900 Brundige Road	1500 Western Avenue	1812 Williamsburg Avenue
Geneva, IL 60134	Geneva, IL 60134	Geneva, IL 60134
PH 630.463.3400	PH 630.463.3500	PH 630.463.3100
FAX 630.463.3409	FAX 630.463.3509	FAX 630.463.3109

Geneva Public School's Authorizing Signature