



Cave Creek Unified School District **REQUEST FOR RECORDS**

Student's Last Name	First Name	Middle
Birthdate	Present Grade	Date Requested
School Student Last Attended _____		
Address (School Last Attended) _____		
City, State, Zip _____		
Phone # (School Last Attended) _____	Fax # (School Last Attended) _____	

Please send records for the student listed above including:

- Withdrawal Form (Including AZ SAIS ID# if applicable)
- Health Records (including immunization)
- Birth Certificate
- Official Transcript (HS) **OR** Report Cards or Grade Reports (K – 8)
- Withdrawal Grades for Current Classes from Sending School
- Standardized Test Results (including AIMS for the state of AZ)
- Attendance & Discipline
- IEP, MET Special Education records

I hereby authorize that the information requested be sent to the school indicated below.

Parent, Guardian or School Official Signature

Date

Please address all mail items to the selected school and:

(Please fill in School Name)

ATTN: Registrar

P.O. Box 426

Cave Creek, AZ 85327

(Please make sure you check the box for the school you wish the records to be returned to)

	Phone	Fax
<input type="checkbox"/> Black Mountain Elementary School	480-575-2100	480-488-6708
<input type="checkbox"/> Desert Sun Academy	480-575-2900	480-502-2364
<input type="checkbox"/> Desert Willow Elementary School	480-575-2800	480-419-7265
<input type="checkbox"/> Horseshoe Trails Elementary School	480-272-8500	480-907-6643
<input type="checkbox"/> Lone Mountain Elementary School	480-437-3000	480-595-1312
<input type="checkbox"/> Sonoran Trails Middle School	480-272-8600	480-272-8699
<input type="checkbox"/> Cactus Shadows High School	480-575-2400	480-575-2388
<input type="checkbox"/> Special Education Department	480-575-2013	480-488-6711