



Oxnard School District

1051 South 'A' Street – Oxnard, California – 93030 - www.oxnardsd.org

ENROLLMENT CENTER

MAIL ALL INFORMATION TO - 925 So. "A" St., Oxnard, Ca 93030
PHONE#: (805)385-1515 FAX#: (805)487-2050

To: _____ From: _____
Phone#: _____ Pages#: _____
Fax#: _____ Date: _____
Email: _____ CC: _____
Notes: _____

REQUEST AND APPROVAL TO REQUEST STUDENT RECORDS OR INFORMATION

(Solicitud y aprobación para solicitar archivo(s) o información de su estudiante)

Name of student/*Nombre del estudiante*: _____

Birthdate/*Fecha de nacimiento*: ____/____/____

School last attended/*Nombre de la escuela que asistió*: _____

School address/*Domicilio de la escuela*: _____

Last day of attendance/*ultimo día que asistió*: ____/____/____

Please include in cum/*favor de incluir*: Transcripts: ____ Program placement: ____ Health: ____
Report Card(s): ____ Legal docs (if applicable): ____

Name of parent or Guardian/*Nombre del padre o tutor*: _____

Parent Signature/*Firma del padre o tutor*: _____

Comments: _____

ENROLLMENT CENTER USE ONLY:

Faxed: _____ Logged in Q: _____ Received cum: _____ ELS: _____ Sent to school: _____