

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

J. P. TARAVELLA HIGH SCHOOL

Guidance Office
10600 Riverside Drive
Coral Springs, FL 33071
Telephone: 754-322-2317/Fax 754-322-2355

REQUEST FOR RECORDS

Date: _____

Please send records indicated below for the following student as soon as possible:

STUDENT ID	STUDENT NAME	BIRTHDATE	GRADE	WITHDRAWAL DATE

1. Transcript – academic, including withdrawal grades, community service hours
2. Attendance and Discipline Records
3. Explanation of Grading System
4. Results of Testing (i.e., FCAT, EOC, SAT/ACT)
5. Certification of Immunization (HRS Form 680) and Health Records
6. Special Program Enrollment (i.e., mentally/physically handicapped, specific learning disability, gifted, etc.) 504 Plan, IEP, Psychological Evaluation Records
7. ESOL Records

Name of Last School Attended: _____

Address/State/County of Last School Attended: _____

For Incoming 9th Grade Students: Please provide the name of last middle school attended: _____

IF REASSIGNED from another Broward County school, school originally scheduled to attend: _____

I hereby give permission to forward records for my student enrolled at J. P. Taravella High School.

Signature of Registering Parent/Guardian

Thank you,
Treshell Williams, Registrar (Treshell.williams@browardschools.com)