



# WILLOW RUN COMMUNITY SCHOOLS

235 Spencer Lane  
Ypsilanti, MI 48198

## REQUEST FOR RELEASE OF STUDENT RECORDS

### Previous School Information:

_____ Name of School Last Attended			
_____ School Address	_____ City	_____ State	_____ Zip Code
(_____) _____ Telephone Number	(_____) _____ Fax Number		

*We are requesting the cumulative file (CA-60), including immunization/health records, birth certificate, special testing records, special education and psychological records for the following student who has enrolled at one of our schools.*

Student Name: \_\_\_\_\_  
Last First Middle

Birth Date: \_\_\_\_\_ Current Grade: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature Date

**Please send records to the address of the school that is checked below.**

- Cheney Academy of Mathematics & Science**, 1500 Stamford, Ypsilanti, MI 48198  
Telephone: 734-481-8270 Fax: 734-481-8174
- Ford Elementary School**, 2240 Clark Road, Ypsilanti, MI 48198  
Telephone: 734-481-8275 Fax: 734-481-8186
- Holmes Elementary School**, 1255 Holmes Road, Ypsilanti, MI 48198  
Telephone: 734-481-8280 Fax: 734-481-8175
- Kaiser Elementary School**, 670 Onondaga Avenue, Ypsilanti, MI 48198  
Telephone: 734-481-8284 Fax: 734-481-8172
- Willow Run Middle School**, 235 Spencer Lane, Ypsilanti, MI 48198  
Telephone: 734-481-8325 Fax: 734-481-8170
- Willow Run High School**, 235 Spencer Lane, Ypsilanti, MI 48198  
Telephone: 734-481-8300 Fax: 734-481-8185

**Willow Run Community Schools**  
**ANNUAL FAMILY CONTACT and STUDENT HEALTH INFORMATION**  
**School year: 2009–2010**

School Building: \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Child's last Name \_\_\_\_\_ First name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_ Sex \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home phone # \_\_\_\_\_

Email Address \_\_\_\_\_

**Important:** With whom does the child reside? – circle all that apply.

Father \_\_\_\_\_ Mother \_\_\_\_\_ Stepfather \_\_\_\_\_ Stepmother \_\_\_\_\_ Guardian (other than parent) \_\_\_\_\_  
 Relative (specify) \_\_\_\_\_ Other (specify) \_\_\_\_\_

Father's name \_\_\_\_\_ Place of employment \_\_\_\_\_ Work phone # \_\_\_\_\_

Work hours \_\_\_\_\_ Cell or pager # \_\_\_\_\_

Mother's name \_\_\_\_\_ Place of employment \_\_\_\_\_ Work phone # \_\_\_\_\_

Work hours \_\_\_\_\_ Cell or pager # \_\_\_\_\_

Guardian's name \_\_\_\_\_ Place of employment \_\_\_\_\_ Work phone # \_\_\_\_\_

Work hours \_\_\_\_\_ Cell or pager # \_\_\_\_\_

**In case of illness or emergency, if parent/guardian cannot be reached, call one of the following:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

**In case of emergency school closing, where should student be sent?**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

**List any health problems/conditions:** *Note:* Any obligation for medical expenses resulting from the need to request emergency services is to be paid by the parents/guardians of the child.

**No known health problems**

Severe allergies:  insects  seasonal  medication  food - specify \_\_\_\_\_

Asthma  Diabetes  Seizures  Eczema  Heart condition  Mental Health condition

Bowel problems  Urinary tract problems  Vision impairment  Wears glasses  Hearing impairment  Wears hearing aid

Other \_\_\_\_\_

Explain conditions listed: \_\_\_\_\_

List any medications taken regularly **at home:** \_\_\_\_\_

Will medications need to be taken **during school hours?**  Yes  No *Note:* If yes, an authorization form **must** be completed.

Doctor's name \_\_\_\_\_ Phone # \_\_\_\_\_

**List the child's primary health insurance:**

Medicaid –type: (ex: Midwest, MCare...) \_\_\_\_\_  Private (name) \_\_\_\_\_

**Please sign for the safety of your child:** Information on this sheet may be shared with appropriate school staff and emergency personnel as necessary to provide for the health, safety, and educational needs of my child.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

