v 847-512-6500

f 847-256-0083

f 847-251-4153

f 847-251-4067

v 847-512-6600

f 847-256-0204



f 847-251-4086

f 847-251-4176

REQUEST FOR STUDENT RECORDS

		DA	ГЕ		
	NAME AND A	ADDRESS OF SO	CHOOL CHILD	ATTENDED	
	СН	ILD'S NAME A	ND BIRTHDAT	ΓΕ	
The above child have records so that the				39. Please forwa	ard the following
HealthPsychol	and medical reco	_	· ·	ndardized testing	g results)
Please transfer my	child's records	to:			
☐ Central Schoo	1 П	arper School	☐ Highcr	est Middle Schoo	01
☐ McKenzie Sch	nool 🗆 R	omona School	☐ Wilme	tte Junior High S	chool
Staff member ema	il to send to				
Parent Signature		Date			
Central School 910 Central Ave Wilmette, IL 60091 v 847-512-6100	Harper School 1101 Dartmouth Wilmette, IL 60091 v 847-512-6200	McKenzie School 649 Prairie Ave Wilmette, IL 60091 v 847-512-6300	Romona School 600 Romona Rd Wilmette, IL 60091 v 847-512-6400	Highcrest Middle School 569 Hunter Rd Wilmette, IL 60091	Wilmette Junior High School 620 Locust Rd Wilmette, IL 60091