



**McGuffey School District
Verification of Residency and Request for Student Records**

Student Name _____ DOB _____

Parent/Guardian Names: _____

Address _____

Phone: _____

Date of Registration: _____ Enrolling in Grade: _____

*The McGuffey School District will place your child as soon as it is reasonably possible.
If sufficient data is not received, a delay may occur.*

Verification of Residency (completed by school personnel)

____ Copy of Parent/Guardian Drivers License
____ One of the following: Utility Bill, Housing Contract, Real Estate Contract, Paycheck Stub

Verified by _____ Date: _____

Last School Attended

School District _____ School _____

School Address _____

School Phone _____ School Fax _____

Special Education Services: YES ____ NO ____ TYPE _____

Authorization for Release of Records

Please be advised that the above named student has enrolled in McGuffey School District. The signature of the parent/guardian below authorizes you to release all records (Academic, Health Records, Disciplinary Records, Standardized Testing, Psychological or Psychiatric Testing, Special Education Records and all other pertinent records) to the school indicated. Your prompt attention is appreciated.

Signature of Parent/Guardian

Date

Send/Fax Records to:

____ Claysville Elementary School
119 Main Street
Claysville, PA 15323
Phone: 724-663-7772
Fax: 724-663-4298

____ Joe Walker Elementary School
2510 Park Avenue
Washington, PA 15301
Phone: 724-222-3061
Fax: 724-222-2630

____ McGuffey Middle School
90 McGuffey Drive
Claysville, PA 15323
Phone: 724-948-3323
Fax: 724-948-2413

____ McGuffey High School
90 McGuffey Drive
Claysville, PA 15323
Phone: 724-948-3328
Fax: 724-948-3344