

# ***Red Bud High School: Records Release Form***

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Grade: \_\_\_\_\_

The above named student plans to enroll at Red Bud High School. Please send the following information:

- Illinois Transfer Form or letter verifying student is in good standing
- Official Transcript
- Current Grades (if applicable)
- Attendance Records
- Discipline Records (if applicable)
- Health Records
- Birth Certificate
- IEP Records (if applicable)

Please send by one of the following methods:

Email: [aguebert@redbud132.org](mailto:aguebert@redbud132.org)

Fax: 618-282-6828

Mail: Red Bud High School, 815 Locust Street, Red Bud, IL 62278

If you have any questions, please call the high school office at 618-282-3826 x1302 or x1305. Thank you for your prompt attention.

\_\_\_\_\_  
Parent/Guardian Signature (authorizing release of records)

\_\_\_\_\_  
Date

\_\_\_\_\_  
RBHS Counselor/Registrar Signature

Name of school last attended: \_\_\_\_\_

Address of school last attended: \_\_\_\_\_

Telephone # of school last attended: \_\_\_\_\_

Fax # of school last attended: \_\_\_\_\_