



RELEASE FOR EDUCATIONAL RECORDS

Child's Name: _____ Date of Birth _____

I give permission for the release of information to Inkster Preparatory Academy regarding all educational records of my child, including behavior & special education.

Parent/Guardian Signature Date _____

2016/2017 grade of child: _____

Did your child receive special education services? Yes No (please circle)

Last School Attended

Name of School _____

Address _____

School Phone _____ School Fax _____

Please check if your child had:

_____ Suspensions _____ Expulsions _____ Behavior Intervention Plan

_____ Behavior Goals _____ Behavior Tracking Record _____ Attendance Issues

Please send education records to:

Inkster Preparatory Academy
27355 Woodfield St.
Inkster, Michigan 48141
(313) 278-3825 (phone)
info@inksterprep.org

It is the policy of Inkster Preparatory Academy that no discriminatory practices based on gender, race, religion, color, age, national origin, disability, height, weight, or any other status covered by federal, state or local law be allowed in providing instructional opportunities, programs, services, job placement assistance, employment or in policies governing student conduct and attendance. Any person suspecting discriminatory practice should contact the administrative office of Inkster Preparatory Academy.