



Request for Student Records
Must be completed if transferring to North Hills School District

Student Last Name	First Name	Middle Initial	Date of Birth
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Name of Previous School	Address	City, State, Zip
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Phone Number of Previous School	Fax Number of Previous School
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The above named student has been enrolled in grade ____ at North Hills School District.

Please release the following information listed below regarding the student who is withdrawing from your building:

- ✓ Administrative Records (name, address, grade, birth certificate, etc.)
- ✓ Certified Academic Records
- ✓ Confidential Records including Custody papers
- ✓ Health Records and Immunization Records
- ✓ Specialized Education Services Records (IEP, GIEP, Speech and Language, etc.)
- ✓ Attendance Records
- ✓ All Certified Discipline Records – If none, please confirm

If applicable:

- ✓ PSSA Scores and Date(s) taken
- ✓ PA Secure ID Number: _____
- ✓ Date first entered Grade 9: _____

Please fax the above information to:

Grades 9-12
North Hills High School
 53 Rochester Rd
 Pittsburgh, PA 15229
 Phone: 412-318-1434
 Fax: 412-318-1435

Grades 6-8
North Hills Middle School
 55 Rochester Rd
 Pittsburgh, PA 15229
 Phone: 412-318-1456
 Fax: 412-318-1453

Grades K-5

Highcliff Elementary
 156 Peony Avenue
 Pittsburgh, PA 15229
 Phone: 412-318-1582
 Fax 412-318-1584

McIntyre Elementary
 200 McIntyre Road
 Pittsburgh, PA 15237
 Phone: 412-318-1622
 Fax 412-318-1624

Ross Elementary
 90 Houston Road
 Pittsburgh, PA 15237
 Phone: 412-318-1542
 Fax: 412-318-1544

West View Elementary
 47 Chalfonte Avenue
 Pittsburgh, PA 15229
 Phone: 412-318-1503
 Fax: 412-318-1504

Parent's Signature

Date