

Academic Records Request for Middle and High School

Steps

1. Inform the main office when your child will be leaving DAIS or gathering records to apply to a new school.
2. Complete both sides of form to request records and return it to main office. One form per student.
3. Request one week in advance during the semester and two weeks at the end of the semester for official records for Middle and High School. The pick-up date for completed records will be **either** second semester (for first semester grades) or one week after the last day of the school year.
4. Submit any payment for records and/or FedEx service to the main office

Student name _____ Current grade _____ Date _____

Request Number of Records

Please fill out the total number for each record.

Item	Cost	Total number of copies
Enrollment letter	20 RMB	
Current report card	50 RMB	
Historical report card (One per grade)	50 RMB	
Transcript	50 RMB	
Test Scores	50 RMB	
Additional Forms	50 RMB	

Reason for Requests

Select one

_____ My son/daughter is applying to another school. The cost for copies is listed above.
Records are needed by _____

_____ My son/daughter will be leaving DAIS permanently on _____.
(Two copies of the following records are **free of charge** when a student **permanently** leaves DAIS. Additional copies of any record is the responsibility of the family to pay the school.)

-Current report card
-Transcript

-Test scores (ERB/PSAT)
-Enrollment letter

_____ Verification of enrollment at DAIS

-Office Use-

Total cost of records _____

Amount paid _____

Cost of FedEx service _____

Date _____

Total amount due _____

Initialized _____

Academic Records Request for Middle and High School

Select which method you prefer to receive the records. Mark one below.

_____ Option 1: Pick up at DAIS on _____ (date)

_____ Option 2: Email records to school/parent (circle)

_____ Option 3: Send FedEx records (Additional charge for this service)

Academic Records Request for Middle and High School

Email Address _____

Email Address _____

FedEx Address

Name of Recipient _____ Contact Number _____

Name _____

Address 1 _____

Address 2 _____

City _____ State/Pr. _____

Country _____ Zip Code _____

Please sign this form and return to the main office.

Parent Signature

Date