SCHOOL INFORMATION/RECORDS REQUEST FORM

Please give this form to your Guidance Department

Student Name ___________________________    Date of Birth _______________________

Please provide the following to:
Riverwoods School Information/Records
Phone: (320) 650-1500
Fax: (320) 229-6010

☐ Confirm Transportation Arrangements

☐ Email Riverwoods MARSS Secretary at Deborah.Danell@isd742.org when you have inactivated the client at your school - or call (320) 650-1542

☐ Please give this page to your Guidance Department and have them FAX the following school records at least two (2) days PRIOR to the intake date. ATTN: Karla Klein @ fax: (320) 229-6010

  o Current transcript (including grades to date of withdrawal)
  o MARSS # (Minnesota State ID#)
  o Health and Immunization Records
  o MN State Testing Result
  o Psychological/Diagnostic/Achievement Testing
  o Attendance/Discipline/Suspension Records
  o School Social History

Any questions regarding Riverwoods School program, please contact Colleen Carlson at (320) 650-1548.

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Catholic Charities Child & Adolescent Intensive Outpatient Day Treatment
1712 7th Avenue So., St. Cloud, MN 56301
(320) 650-1590