



LINDON LEOPARDS

# ALPINE SCHOOL DISTRICT LINDON ELEMENTARY SCHOOL

30 N Main Lindon UT 84042

Kate Ross, Principal

Phone: 801.610.8111 Fax: 801.785.8749

## RELEASE OF INFORMATION

Transferring from:

School Mt. Mahogany

City Pleasant Grove State Utah

Fax # 801-785-8798

Please send ALL school/student records (including Special Education, Confidential, Psychological, Speech/Hearing and all testing) concerning the following student/ students:

Name Emmy Evans Grade 4<sup>th</sup> Birthdate 1-23-2014

Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

Have any of your students received Special Education services? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, which student and what services: \_\_\_\_\_

You are hereby authorized to release and forward the records of my child/children.

Kathy Rasmussen (Office)  
Parent/Guardian Signature

8-15-23  
Date

Sent 9/20/23  
SGamm

Emmry Rose Evans  
1013 W 810 N  
Pleasant Grove, UT 84062  
Guardian: Angela Elizabeth Evans

Other ID: 9405454  
Grade: 04  
Phone: (801)850-4999  
Birthdate: 01/23/2014

Homeroom: 172  
Teacher: Amy Jones  
Term: 01  
Ethnicity: W

*Dropped  
8/7 Amy*

Withdrawal Date: 8/11/23

Withdrawal Code: TD - Lindon

08/16/2023 - 10/18/2023

Period	Course Name	Teacher	Room	*Grade	Books/Fines	Teacher Signature
01	Attend-4th Grde	Amy Jones	172			
01	Language Arts 4	Amy Jones	172			
02	Math 4	Amy Jones	172			
03	Science 4	Amy Jones	172			
04	Social Studies4	Amy Jones	172			
05	LearningHabits4	Amy Jones	172			
06	Music 4	Amy Jones	172			
07	Art 4	Brande,Amelia	102			
08	PE 4	Suzie Cindrich	Gym			
09	Ed Tech 4	Royer	134			

New School: \_\_\_\_\_ Library: \_\_\_\_\_ Amount Due: \_\_\_\_\_  
 Administrator: \_\_\_\_\_ Office: SGamora Amount Due: \_\_\_\_\_  
 Counselor: \_\_\_\_\_ Book Refund: \_\_\_\_\_ Amount Due: \_\_\_\_\_  
 Night School: \_\_\_\_\_ Year Book: \_\_\_\_\_ Amount Due: \_\_\_\_\_  
 Registrar: \_\_\_\_\_ Activity Cd: \_\_\_\_\_ Fee: \_\_\_\_\_  
 Locker #: \_\_\_\_\_ Chk: \_\_\_\_\_ Cafeteria: \_\_\_\_\_ Balance: \_\_\_\_\_

Student Signature: \_\_\_\_\_

\* Parent/Guardian Signature: \_\_\_\_\_

Receipt #: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Check #: \_\_\_\_\_

\* Not Needed At Year-End Checkout