Cave Creek Unified School District
REQUEST FOR RECORDS

Student’s Last Name
First Name
Middle

Birthdate
Present Grade
Date Requested

School Student Last Attended

Address (School Last Attended)

City, State, Zip

Phone # (School Last Attended)
Fax # (School Last Attended)

Please send records for the student listed above including:
- Withdrawal Form (Including AZ SAIS ID# if applicable)
- Health Records (including immunization)
- Birth Certificate
- Official Transcript (HS) OR Report Cards or Grade Reports (K – 8)
- Withdrawal Grades for Current Classes from Sending School
- Standardized Test Results (including AIMS for the state of AZ)
- Attendance & Discipline
- IEP, MET Special Education records

I hereby authorize that the information requested be sent to the school indicated below.

Parent, Guardian or School Official Signature

Please address all mail items to the selected school and:
(Please fill in School Name)
ATTN: Registrar
P.O. Box 426
Cave Creek, AZ  85327
(Please make sure you check the box for the school you wish the records to be returned to)

☐ Black Mountain Elementary School
   Phone: 480-575-2100
   Fax: 480-488-6708
☐ Desert Sun Academy
   Phone: 480-575-2900
   Fax: 480-502-2364
☐ Desert Willow Elementary School
   Phone: 480-575-2800
   Fax: 480-419-7265
☐ Horseshoe Trails Elementary School
   Phone: 480-272-8500
   Fax: 480-907-6643
☐ Lone Mountain Elementary School
   Phone: 480-437-3000
   Fax: 480-595-1312
☐ Sonoran Trails Middle School
   Phone: 480-272-8600
   Fax: 480-272-8699
☐ Cactus Shadows High School
   Phone: 480-575-2400
   Fax: 480-575-2388
☐ Special Education Department
   Phone: 480-575-2013
   Fax: 480-488-6711