

Payson High School  
Guidance Office,  
Registrar PO Box 919  
Payson, Arizona 85547  
(928) 472-5776  
FAX (928) 472-2010



TO: \_\_\_\_\_

DATE: \_\_\_\_\_

PHONE: \_\_\_\_\_

Counselor: Linda Griffith

FAX: \_\_\_\_\_

The following student has applied for enrollment at Payson High School

\_\_\_\_\_  
(Last Name) (First Name) (Date of Birth)

I authorize the release of my student's records to Payson High School

\_\_\_\_\_  
(Parent/Guardian Signature)

In accordance with Family Educational Rights and Privacy Act of 1974, please send all of the appropriate records requested and any other records that apply:

Transcript (please fax an Unofficial Transcript and Mail an Official Transcript )

Withdrawal Form and Current grades

Birth Certificate (Copy of Certified copy ONLY!)

Medical Records (Immunizations)

Aims Results (Arizona Only) or Other State Exit Exam Data

Test Data (standardized test, SAT or ACT data)

Discipline Records

Explanation of grading system (if number grades are used, please send a letter equivalent or conversions schedule).

ECAP accountability: What method does your school use for ECAP?

AZCIS          Bridges          Kuder          Other:  
ID Number/User Name \_\_\_\_\_ Password \_\_\_\_\_

*\*Please make sure you are checked out with your previous school and have returned books and/or fees due. This will expedite the enrollment process.*

\_\_\_\_\_  
Missy Taylor, Registrar

\_\_\_\_\_  
Guidance Secretary