

# Freeburg Community Consolidated School District No. 70

408 SOUTH BELLEVILLE STREET – FREEBURG, IL 62243

Phone: 618-539-3188 – Fax: 618-539-5795

**SUPERINTENDENT**  
Dr. Melanie Brink

**FINANCIAL OFFICER**  
Mr. Mark Janssen

**PRINCIPALS**  
Mr. Ryan Wittenauer  
Mrs. Lindsay Fark



**BOARD OF EDUCATION**  
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Ron Humphries  
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John Lawson

## CONSENT FOR RELEASE OF INFORMATION

To: \_\_\_\_\_  
School Name \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_   
School Address \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_   
City, Zip Code \_\_\_\_\_ Fax Number \_\_\_\_\_

\_\_\_\_\_   
School Email \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

The above named student(s) is in the process of enrolling in our school district. Please provide the following information as well as any other pertinent information as quickly as possible:

- Illinois Student Transfer Form
- Grades and Attendance Records
- Immunization/Heath Records
- Birth Certificate
- Special Education Records (if applicable) including IEP and Diagnostic/Evaluation Summary
- Academic, Achievement, and/or IQ Test Records
- Other (specify)

This information is being requested due to new enrollment or transfer to Freeburg CCSD #70.

Records can be scanned and emailed to Christina Kaemmerer, secretary at [kaemmererc@frg70.org](mailto:kaemmererc@frg70.org).

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Date