



Lake County International  
Charter School

## REQUEST FOR TRANSFER OF RECORDS

Date: \_\_\_\_\_

Previous School: \_\_\_\_\_

---

---

Student's last name	First	M.I.	Birthdate	Grade (2006-07)
---------------------	-------	------	-----------	-----------------

The above named student has enrolled in **Lake County International Charter School**.  
Please forward his/her cumulative folder and records to:

**LCICS**  
**P.O. Box 984**  
**Middletown, CA 95461**

Please fax the following records or information ASAP to: **707-987-8314**

- Birth Certificate
- Immunization Record

Please contact me (707.987.3063) if you have questions or if records cannot be sent for any reason.

Thank you,

Laura Stalker  
Administrative Assistant

**LCICS**  
PO Box 984, 15872 Armstrong Street, Middletown, CA 95461  
Tel: 707.987.3063 Fax: 707.987.8314 eMail: [lcics@lcics.org](mailto:lcics@lcics.org)  
[www.lcics.org](http://www.lcics.org)