

NEW BLOOMFIELD MIDDLE SCHOOL/HIGH SCHOOL

REQUEST FOR TRANSFER OF RECORDS

Student:

Date of Birth:

Previous School Information

School:

Address:

Phone:

Fax:

The above named student has enrolled in the New Bloomfield RIII School District and has informed us that your school is the one that he/she last attended.

Please send the information requested below:

Cumulative records

Grades to date of withdrawal

Attendance

I.E.P. (if available)

Diagnostic Summary

Health Records, Including Immunizations

Discipline Records

Standardized test results including social, psychological and intellectual achievements for this school year and other evaluations that would be significant in understanding the educational placement of this student.

Please Mail or Fax records to:

New Bloomfield Middle School/High School

ATTN: Counselor

307 Redwood Dr.

New Bloomfield MO 65063

Phone: (573)491-3700 ext. 346

Fax: (573) 491-3696

According to the Family Education Rights and Privacy Act (Buckley Amendment) dated June 17, 1976, school records may be released without the written consent of the parents to officials of other school systems in which the student intends to enroll, upon condition that the students parents be notified of the transfer, receive a copy of the record if desired, and have an opportunity to challenge the content of the record.

I, the parent or legal guardian of _____ do hereby give the New Bloomfield RIII School District the authority to officially request the above information.

Signature of parent or guardian:

Relationship:

The "Typed" name in the above box will serve as your signature for this form.

Date:

