



Request to Transfer Records

Please fill in the information for the **school your child last attended,**

Sign and Date this form.

Office of the Principal

School _____

Street Address _____

Town or City, State & Zip Code _____

_____ Grade _____ has enrolled at St. Bernard's Elementary School. Please forward the following records for this student:

_____ Permanent Record Folder

_____ Admission, Discharge and Promotion Card

_____ Health Records

_____ Results of all Standardized Testing

_____ IEP or 504 Plan

_____ Birth Certificate

_____ Baptismal and First Communion Certificates

_____ Any additional information concerning the emotional and social development of this Child which will help us to support the student's adjustment to our school.

I hereby authorize _____ School to release all the records and information requested above.

Parent Signature _____ Date _____