

TRANSFER REQUEST OF SCHOOL RECORDS TO
BEECHWOOD ELEMENTARY SCHOOL

THE FOLLOWING SCHOOL:

NAME OF SCHOOL _____

ADDRESS _____

PHONE _____ FAX _____

HAS MY PERMISSION TO SEND SCHOOL RECORDS AS LISTED FOR MY

CHILD _____ name _____ birth date _____ grade _____

Check all that apply:

- _____ Medical Exam, Immunization Certificate, any other important medical forms
- _____ Cumulative Record Information
- _____ Psychological Records, IEP's, Special Needs Records, or any other (active or inactive)
- _____ High School Transcript
- _____ Other (specify _____)

Reason for record transfer:

- _____ Transfer of school
- _____ Other (specify _____)

SCHOOL RECORDS ARE TO BE SENT TO THE FOLLOWING SCHOOL:

BEECHWOOD ELEMENTARY SCHOOL
54 BEECHWOOD ROAD
FORT MITCHELL, KENTUCKY 41017
Phone: 859-331-1220 Fax: 859-426-3743

PARENT'S SIGNATURE _____

ADDRESS _____

PHONE: _____ DATE: _____