



## Request for School Records

**To the Parent/Guardian:** Please complete all information below and return this form to our Admissions Office.

Applicant's Full Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Name of Current School: \_\_\_\_\_

Address of Current School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number of Current School: \_\_\_\_\_

I, the undersigned, certify that I am the parent/guardian of the above named child and that I consent to the transfer of the records listed below to Bodine School:

- 1.) Cumulative records
- 2.) Transcript of grades, including most recent
- 3.) Standardized test scores
- 4.) Immunization and health records
- 5.) Special education records (if applicable)

I hereby release Bodine School and its employees and representatives from any and all claims/liability that may arise from the procuring, providing, or using of this form and the substance of the information contained therein.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_