



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. 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: _____

To the Registrar: The student named above is an applicant to Bodine School. Please help us complete the student's file by providing copies of the records listed below:

- 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)

Please email scanned records to rdaugherty@bodineschool.org. Records may also be sent by mail to:

Bodine School
Attn: Admissions Office
2432 Yester Oaks Drive
Germantown, TN 38139

Note: We are not able to receive records by fax.

Please call us at (901) 754-1800 with any questions or concerns. Thank you.