



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: _____