



Bridgman ELEMENTARY SCHOOL

3891 Lake Street • Bridgman, MI 49106
(269) 466-0241 • Fax: (269) 466-0248

Office Notes:

REQUEST FOR STUDENT RECORDS

Student Name: _____
Last First Middle

Grade Completed: _____ Student's Date of Birth: _____
Month Day Year

Grade Entering: _____

Student's Address: _____
House/Box # & Street Name Apt. # (if applicable)
City State Zip Code

Name of Parent(s) / Guardian(s): _____

Home Phone Number: _____

Daytime Phone Number: _____

Name of School** last attended: _____

Address of Previous School: _____

Previous School Phone #: _____

Previous School Fax #: _____

Has student ever attended Bridgman Elementary in the past? No Yes If Yes, which school year(s)? _____

Please send the following school records to the above address: (including any items faxed - per request below)

- Cumulative (CA-60) including grades and achievement scores
- Special education placement data & Psychological test data
- Speech/language evaluation
- Birth Certificate & Health Records & Immunizations
- Any other relevant data which has been accumulated by the School District regarding the above named child

I hereby give permission to the above named School District to release the records described above to Bridgman Elementary School.

Signature of Parent or Guardian Today's Date

**PREVIOUS SCHOOL - Please fax the following documents to Bridgman Elementary upon receipt of this request -
FAX #: (269) 466-0248

- Birth Certificate Custody Papers
- Current Immunization Records
- Special Education Documents - Sp. Ed services and/or Speech Services (please include current IEP)
- Other: _____