



**MOUNT BAKER SCHOOL DISTRICT 507
REQUEST FOR TRANSFER OF EDUCATIONAL RECORDS
BETWEEN SCHOOLS**

The following student has enrolled in our school. Please send cumulative folder and complete transcript of grades, including transfer grades if the student left before the close of the grading period. School records should include test scores, health information, attendance, and discipline records. Please include records from all previous schools and agencies, as well as special education records, psychological records or any other records pertaining to educational planning.

DATE: _____

REGARDING: Student's Name _____ Grade _____ DOB _____

RELEASING School _____ District _____

SCHOOL: Address _____

City _____ State _____ Zip _____

Phone _____ FAX _____

Send records to:

SCHOOL	ADRESSS:	PHONE:	FAX:	EMAIL:
<input type="checkbox"/> ACME ELEMENTARY SCHOOL Attn: Registrar	PO BOX 9 ACME, WA 98220	360-383-2045	360-383-2049	aes@mtbaker.wednet.edu
<input type="checkbox"/> HARMONY ELEMENTARY SCHOOL Attn: Registrar	5060 SAND RD BELLINGHAM, WA 98226	360-383-2050	360-383-2054	hes@mtbaker.wednet.edu
<input type="checkbox"/> KENDALL ELEMENTARY SCHOOL Attn: Registrar	7547 KENDALL RD MAPLE FALLS, WA 98266	360-383-2055	360-383-2059	kendallsec@mtbaker.wednet.edu
<input type="checkbox"/> MOUNT BAKER JR./SENIOR HIGH Attn: Registrar	PO BOX 95 DEMING, WA 98244	360-383-2015	360-383-2029	mbhs-jh@mtbaker.wednet.edu
<input type="checkbox"/> SPECIAL PROGRAMS Attn: Registrar (Sp. Ed. & Gifted Records)	PO BOX 95 DEMING, WA 98244	360-383-2012	360-383-2014	specialprograms@mtbaker.wednet.edu

Please respond to the questions below:

- | | YES | NO |
|---|-------|-------|
| 1. Was your child in a special education class in his/her former school (Learning Resource Center)?
If yes, assistance given in what areas (i.e., reading, math, social studies, etc.):
_____ | _____ | _____ |
| 2. Was your child receiving speech, hearing, physical therapy or other health related services?
If yes, type of services? _____ | _____ | _____ |
| 3. Has any special education testing taken place for evaluation of your child?
If yes, where? _____ when? _____ | _____ | _____ |
| 4. Was your child in a gifted or highly capable program?
If yes, where? _____ when? _____ | _____ | _____ |
| 5. Has any gifted testing take place for evaluation of your child?
If yes, where? _____ when? _____ | _____ | _____ |

Public Law 93-380 (The Family Education Rights and Privacy Act, 1974) states in part, that when students records are to be transferred to another school outside this District, or if student records other than cumulative records are to be sent to another school and/or agency, parents or guardians of students, or students over 18 years of age, be notified of such transfer, receive a copy of the records being transferred if desired, and have an opportunity for a hearing to challenge the content of the record. Official educational records (progress and behavioral) and date directly related to this student include, but is not limited to:

- Student Progress Records: Permanent Record (parent's name, etc.), Health Records, Achievement Test Scores, Academic Work completed, Attendance, Level of achievement (grades, marks, grade placement.)
- Student Behavioral Records: Family background information, psychological test information, anecdotal records, record of conversation and verified reports of serious or recurrent behavior patterns.
- Special Education Records: Assessment(s) of Intelligence and Adaptive Behavior, Assessments(s) of Individual Achievement, Personality
- Assessment(s) – Psychological Evaluation, Evaluation Report, Teacher and Counselor Observations and Ratings, Individual Educational Plan, and/or Health/Medical Data

I authorize the release of the indicated educational records to the address above. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent.

Guardian Signature _____ Date _____

Current Address _____

City _____ State _____ Zip _____