



HARDWICK ELEMENTARY SCHOOL

135 SOUTH MAIN STREET, P.O. BOX 515
HARDWICK, VT 05843

PHONE: (802) 472-5411
FAX: (802) 472-3325

PATRICK PENNOCK
PRINCIPAL

REQUEST FOR TRANSFER OF RECORDS

TO: _____

Date: _____
Phone # _____
Fax # _____

The registration process was requested for the student(s) listed below on _____.

It is our understanding that he/she last attended your school. Last day there: _____.

Student's Name 1)	_____	DOB _____	Grade _____
2)	_____	DOB _____	Grade _____
3)	_____	DOB _____	Grade _____

VT. State ID 1) _____ 2) _____ 3) _____

Please send all academic records, including achievement tests results, intelligence test score, grade placement information, up-to-date health and attendance records, and any information regarding special services (IEP, 504, or ACT 230 plan, psychological, speech and language) to the address above.

Please fax the Free & Reduced Meals Application to: 1-802-472-3325

I HEREBY AUTHORIZE _____ TO RELEASE ALL ACADEMIC, HEALTH, PSYCHOLOGICAL AND TESTING RECORDS ON MY CHILD/CHILDREN TO THE HARDWICK ELEMENTARY SCHOOL IN HARDWICK, VERMONT 05843.

SIGNATURE OF PARENT/GUARDIAN _____
DATE _____