



Hardwick Elementary School

135 South Main Street, PO Box 515
Hardwick, VT 05843

Phone: 802-472-5411
Fax: 802-472-3325

Patrick Pennock
Principal

Request For Transfer Of Records

Current School Information:

Name: _____

Phone # _____

Address: _____

Fax # _____

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

It is our understanding the 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 test results, intelligence test scores, 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 _____ (current school) TO RELEASE ALL ACADEMIC, HEALTH, PSYCHOLOGICAL AND TESTING RECORDS ON MY CHILD/CHILDREN TO THE HARDWICK ELEMENTARY SCHOOL PO BOX 515, HARDWICK, VT 05843.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____