



# HARDWICK ELEMENTARY SCHOOL

135 SOUTH MAIN STREET, PO BOX 515  
HARDWICK, VT 05843

PHONE: (802) 472-5411  
FAX: (802) 472-3325  
[www.hardwick.ossu.org](http://www.hardwick.ossu.org)

WILLIAM DEISS  
PRINCIPAL  
wdeiss@ossu.org

## 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 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 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 \_\_\_\_\_