

BOW ELEMENTARY SCHOOL

Kurt Gergler, Principle
kgergler@bownet.org

Jane Morrill-Winter, Assistant Principal
Jmorrill-winter@bownet.org

RECORD REQUEST

Date: _____

To: _____

Subject: Student _____

DOB _____

Enrolled in Grade: _____

Address: _____

The above named student has recently enrolled in our school. To insure proper placement and services, as well as continuity of record keeping, would you please forward to Bow Elementary School this student's academic and health records including, but not limited to, the following:

- Scholastic records/transcripts
- Standardized test scores
- Individual Educational Plan (IEP)
- Special needs records
- Health/immunization records
- Attendance records
- Discipline records

Parental permission is no longer required when records are requested by authorized school personnel. Family Educational Rights and Privacy Act, Final Rule on Education Records, Federal Register, June 17, 1976, Vol. 41, No. 118, Page 24673.

***Please fax a copy of the student's birth certificate, immunization and physical report.**

Thank you for your assistance and prompt attention to this request.

Sincerely,

Kurt Gergler
Principal

22 Bow Center Road* Bow, New Hampshire 03304* Tel. (603) 225-3049/ Fax (603) 228-2205