

D.J. BAKIE ELEMENTARY SCHOOL
179 Main Street
Kingston, NH 03848
(603) 642-5272

TRANSFER OF PUPIL RECORD FORM

DATE _____

This is to certify that I, _____
the parent/guardian of the child/ren listed below do hereby request that the educational, health, and special education, (if any) records of the below listed child(ren) be transferred to the Daniel J. Bakie Elementary School, Kingston, NH.

Parent/legal guardian privileges and obligations under the Family Educational Rights and Privacy Act are:

1. Notification of the transfer
2. If desired, a copy of records may be obtained with cost of copying provided by parent/legal guardian.
3. An opportunity for a hearing to challenge the content of the records provided.

I have been informed and understand my rights regarding the transfer of pupil records.

Signature of Parent/Legal Guardian

Student (s) being transferred:

_____	Grade _____	Date of Birth _____
_____	Grade _____	Date of Birth _____
_____	Grade _____	Date of Birth _____
_____	Grade _____	Date of Birth _____

Name of school previously attended: _____

Mailing Address of school previously attended: _____

_____ zip _____