Bellows Free Academy 71 South Main Street St. Albans, VT 05478-2297 www.maplerun.org/o/bfa/page/guidance



(802) 527-6570 Guidance (802) 527-6467 Fax bfaguidance@maplerun.org

REQUEST FOR STUDENT RECORDS

Date _					
	e following student is considering of the following student will be register				ail permanent file)
Student Name				Date of Birth	Grade
Previo	us school				
Previo	us school address			-	
Previous school phone Previous s			evious school fax		
Records should include: Current grades Transcript Test scores		Discipline record Special Educational records (if applicable) Health record		Guardianship/Custodial records Vermont State Student ID #	
	Send Date	Via	Student ID # _		
	Enrollment Appt Date/Time		with _		
Add	litional comments or information r	needed:-			
Parent	/Guardian signature			Date	