## **BLOOMFIELD COMMUNITY SCHOOLS**

## 311 EAST BENTON ST. PO BOX 308, BLOOMFIELD, NE. 68718

**Jeff Messersmith** Superintendent/AD (402)373-4800 Fax (855)372-4017 **Tabitha Gilsdorf**Elementary Principal (402)373-4985
Fax (402)307-8053

Konnie Thiele Business Manager (402)373-4800 Fax (855)372-4017

Date:			
School:			
Address:			
City/State/Zip:			
Student:		Grade:	DOB:
Please fax/mail the abo	eve student's information records in	cluding:	
Birth Certificate, Student Identification and other data			
	ecords (including immunization record any other pertinent information tol).		
Withdrawal Grades			
Transcript and other academic records			
Attendance Records			
Test Data			
IEP, related assessments and diagnostic summary			
Student Assistant Team (SAT) meeting and 504 Plan			

If possible, fax the student's transcript and immunization records as soon as possible. Please forward this information immediately as enrollment is not considered official or completed until all of this information has been received from the previous school. Thank you for your assistance. If you have any questions or can help with this student's needs, please call the high school office at (402)373-4800.

According to Federal regulations it is no longer necessary to obtain written consent to release records: Family Education Rights and Privacy Act (1976). When a student has indicated his/her intention to enroll, the updated regulations state that student records may be exchanged between educational institutions without written consent.

Please mail/fax records to: Heather Gubbels, Secretary

**Bloomfield Community Schools** 

PO Box 308

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