



Daleville Community Schools  
14300 W 2nd Street  
Daleville, IN 47334  
P: (765) 378-3329  
F: (765) 378-3649  
www.daleville.k12.in.us

# School Records Transfer

## Daleville Elementary School

To: \_\_\_\_\_ Date: \_\_\_\_\_  
(School transferring from)

\_\_\_\_\_  
(School Address)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(phone)

\_\_\_\_\_  
(fax)

\_\_\_\_\_  
(Student's Name)

\_\_\_\_\_  
(DOB)

has recently enrolled in Grade \_\_\_\_\_ at Daleville Elementary School in Daleville, Indiana. Please send a transcript of elementary records as soon as possible, including grades, grade placement, testing, medical, psychological information, annual case reviews, I.E.P. and Case Conference reports.

### PARENTAL CONSENT

I give my consent for all school records regarding \_\_\_\_\_ to be sent to:

Daleville Elementary School  
8600 S. Bronco Drive  
Daleville, IN 47334  
FAX: 765-378-4085

\_\_\_\_\_  
(Parent/Guardian Signature)

