

Munising Baptist School
P.O. BOX 339 * WETMORE, MI 49895
(906) 387-3041 * FAX (906) 387-3054

STUDENT TRANSFER FORM

The following student has enrolled at Munising Baptist School:

Name of Student (last, first, middle)	Date of Birth (Month, Day, Year)	Sex:	Grade to Enter
		M F	
Address of Student			
Name of Parent/Guardian	Parent/Guardian Telephone		
	Home:	Work:	
Parent/Guardian Address			

Requesting records from:

Name of Principal	School Phone	County
Name of School	School Address (City, State, Zip Code)	

Please forward the following records to Munising Baptist School:

- A transcript of credits earned
- Report cards or grades to date of withdrawal
- Cumulative file including: name, address, date of birth, grade completed, and attendance records
- Standardized achievement and aptitude testing scores
- Health records, birth certificate
- If any – psychological/social work evaluations, IEP’s, and special education records

I hereby give my permission to release the above records. I understand that no individual or agency outside of the school will be permitted to inspect or receive my school records without my permission.

Munising Baptist School may have a copy of all the records requested.

Parent/Guardian Signature

Date

Thank you for your prompt attention to this matter.

Sincerely,

Pastor Ethan Van Bruggen
 School Administrator

OFFICE USE ONLY:

1st Request Date: _____
 2nd Request Date: _____
 3rd Request Date: _____
 Date Records Received: _____