

***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 yours,

Dan Graves  
 School Administrator

**OFFICE USE ONLY:**

1<sup>st</sup> Request Date: \_\_\_\_\_  
 2<sup>nd</sup> Request Date: \_\_\_\_\_  
 3<sup>rd</sup> Request Date: \_\_\_\_\_  
 Date Records Received: \_\_\_\_\_