



Beacon Christian School

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Lewiston ID 83501
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Walking in His Light

REQUEST FOR TRANSFER OF ALL EDUCATIONAL RECORDS

To: _____

(Name and Address of Previous School)

Student's Name	Date of Birth	Entering Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The above name student(s) has enrolled in Beacon Christian School. Please send the following educational records pertaining to each student as soon as possible:

1. Cumulative File
2. Immunization and Health Records
3. Standardized Test Records
4. Behavior/Disciplinary Records
5. Complete IEP and Special Education Records

An educational institution in which a student enrolls may request student records from a school the student last attended without a parent signature of approval. See "Privacy Act" section 438, Subsection (b) (1.), Parts A&B, page 97, as amended in 1976. 20 U.S.C. Sec. 1232 g (b)(1)(A).