



*Building Brilliant Knowledgeable Scholars*

**Parent Request for a Transfer of Records**

|                                  |   |
|----------------------------------|---|
| <b>Student's Name:</b>           | <b>School District:</b>                     |
| <b>Student's Date of Birth:</b>  | <b>Name of Elementary School Attending:</b> |
| <b>Parent or Legal Guardian:</b> | <b>Parent/Guardian's Address:</b>           |
| <b>Daytime Phone:</b>            | <b>Email Address:</b>                       |

Dear Former School & Former School District Administration,

This letter is to formally request that my child \_\_\_\_\_ considered for a transfer of medical and educational records. Recently, I've enrolled my child in Building Brilliant Knowledgeable Scholars Academy, and they are needing immunization, vision, dental, medical, and educational records from this school. These records are needed at their requested facility to ensure that I meet the standard and conditions for proper enrollment. You may mail a copy of these records to 4068 Oakmont Dr., Pontoon Beach, IL, 62040, fax them to (618)-270-4059, and/or email them to [info@bbnsacademy.com](mailto:info@bbnsacademy.com)

Sincerely,

\_\_\_\_\_  
Parent/Guardian (Print):

\_\_\_\_\_  
Date:

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