

**REQUEST FOR RECORDS
FIRST BAPTIST SCHOOL
ROSEMOUNT, MINNESOTA**

____/____/____

Name _____
and address _____
of previous _____
school: _____

The following individuals have registered as students in First Baptist School.

(Student's legal name) (Date of Birth) (Grade)

(Student's legal name) (Date of Birth) (Grade)

(Student's legal name) (Date of Birth) (Grade)

(Student's Home Address)

(Student's Home City/State/Zip)

Name of parent or guardian (please print)

Signature of parent or guardian

Please forward the following records for the named student(s) to the address below:

- A. Transcript or cumulative folder (date of birth, name of parents or guardians and address)
- B. Health records, including immunization records and physicals for athletics
- C. Grades at time of withdrawal
- D. Special education records, including current IEP and most recent assessment data
- E. Any other records that you have on this student

Thank you for your cooperation and prompt attention to this student(s).

**First Baptist School
14400 Diamond Path West
Rosemount, Minnesota 55068
Phone: (651) 423-2272
Fax: (651) 423-8844**

Tammy Welch, School Secretary/Registrar