

Request for Records

Please be advised that my child, previously enrolled in your school, has transferred to the Ballston Spa Central School District. I hereby authorize the following information on my child to be sent to the school indicated below.

RECORDS REQUESTED			
✓	Academic (including all high school level science labs) transcripts and report card		
✓	Individualized Educational Plan (IEP) Level I vocational assessment		
✓	Scripts for related services	✓	Social Work
✓	Health (including immunizations)	✓	Record of Birth
✓	Psychological	✓	Teacher
✓	Standardized Tests	✓	Attendance
✓	Other pertinent data to ensure proper placement of student		

STUDENT INFORMATION

Last Name	First Name	Middle Name	Date of Birth

School Last Attended: Name:

Address:

Phone: FAX:

Parent/Guardian Signature: **Date:**

Please fax or email information requested above to the school checked below:

- Malta Avenue Elementary School**
70 Malta Avenue, Ballston Spa, NY 12020
TEL: 518-884-7250 FAX: 518-884-7258
EMAIL: bmurtlow@bscsd.org
- Milton Terrace Elementary School**
200 Wood Road, Ballston Spa, NY 12020
TEL: 518-884-7210 FAX: 518-884-7219
EMAIL: kcassin@bscsd.org
- Ballston Spa Middle School**
210 Ballston Avenue, Ballston Spa, NY 12020
TEL: 518-884-7200 FAX: 518-885-2930
EMAIL: dmicare@bscsd.org

- Gordon Creek Elementary School**
100 Wood Road, Ballston Spa, NY 12020
TEL: 518-884-7270 FAX: 518-884-7268
EMAIL: jburns@bscsd.org
- Wood Road Elementary School**
300 Wood Road, Ballston Spa, NY 12020
TEL: 518-884-7290 FAX: 518-884-7286
EMAIL: kmichael@bscsd.org
- Ballston Spa High School**
220 Ballston Avenue, Ballston Spa, NY 12020
TEL: 518-884-7150 FAX: 518-885-1585
EMAIL: kvivian@bscsd.org

If the box is checked below, please provide the following documents to the school, via fax, asap:

Immunization and Health Records