

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	✓	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 mail the information requested above to the school checked below:

- | | |
|--|--|
| <input type="checkbox"/> Malta Avenue Elementary School
70 Malta Avenue, Ballston Spa, NY 12020
TEL: 518-884-7250 FAX: 518-884-7258 | <input type="checkbox"/> Milton Terrace South Elementary School
100 Wood Road, Ballston Spa, NY 12020
TEL: 518-884-7270 FAX: 518-884-7268 |
| <input type="checkbox"/> Milton Terrace North Elementary School
200 Wood Road, Ballston Spa, NY 12020
TEL: 518-884-7210 FAX: 518-884-7219 | <input type="checkbox"/> Wood Road Elementary School
300 Wood Road, Ballston Spa, NY 12020
TEL: 518-884-7290 FAX: 518-884-7286 |
| <input type="checkbox"/> Ballston Spa Middle School
210 Ballston Avenue, Ballston Spa, NY 12020
TEL: 518-884-7200 FAX: 518-884-7234 | <input type="checkbox"/> Ballston Spa High School
220 Ballston Avenue, Ballston Spa, NY 12020
TEL: 518-884-7150 FAX: 518-885-1585 |

If the box is checked below, please provide the following documents via FAX:

Immunization and Health Records FAX to: Central Registration FAX#: 518-884-7141