



Request to Release School Records - 2018

This form serves as permission for the transfer of a student's files and, if needed, to contact school personnel. We must receive written permission from parents to allow the previous school to release all school records to Benjamin Franklin Classical Charter Public School. Records transfer is required of all new students.

School Child attends: _____

Full Address: _____

School phone number: _____ Fax Number: _____

Please send student records belonging to:

Student Name: _____

Date of Birth: _____

Grade Entering: _____

Home Address: _____

Telephone: _____

To: **Benjamin Franklin Classical Charter Public School**
201 Main Street
Franklin, MA 02038

These records will include: Academic, Discipline, and Health records, IEP'S and 504's, and psychological evaluations.

If the student has special needs, does the student have a current:

IEP? (Individual Education Plan) ___yes ___no

504 plan? ___yes ___no

This form needs to be returned with your acceptance for enrollment.

Signature of parent/guardian

Date