

BELLEVILLE WEST HIGH SCHOOL

4063 Frank Scott Parkway West

Belleville, Illinois 62223

(618) 222-7500

Date: _____

REQUEST FOR STUDENT RECORDS

TO:

Previous School:
Street Address:
City, State and Zip:

FROM:

Dr. Richard Bass, Associate Principal
Belleville Township High School West

RE:

Student's Name:	
Student's Birth Date:	Student's Grade:

The student named above, who formerly attended your school, has enrolled at Belleville West High School. Please send a copy of the records checked below.

- Transcript of Grades
- Withdrawal Grades
- Health and Immunization Records
- Test Scores
- PSAT Test Scores
- Illinois Student Transfer Form
- Concurrence Form for Athletics
- Copy of IEP for Special Education Students
- Other _____

If the student left between grading periods, please include his grades and explanation of the grading system, his credits, and his grade level at the time of withdrawal. Thank you.

Signature of parent/guardian authorizing
release of student's records)