

Transfer of Child's Records

Check the purpose of the request to transfer the child's records: ☐ for enrollment (send all requested records) ☐ for waitlist (send application only)

Child's Name: _____ Date: _____

Currently Enrolled/Waitlisted/Previously Enrolled at: Center _____ Delegate/DO: _____

Send child's records to:

Center: _____

Address: _____
Street City Route #

Submitted By: _____ Date: _____ Phone Number: _____ Fax # _____

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Parent Completes:

It has been explained to me and I understand the documents contained in my child's file will be sent to the program noted above. I give consent that the following records may be transferred for my child, _____.
Child's name

☐ Enrollment Records ☐ Educational Records ☐ Family's/Social Service Records ☐ Health Records

I do not authorize the following documents to be transferred: _____

Parent/Guardian Signature Date
The following records have been transferred from this center:

<u>Enrollment:</u> _____ Child Application _____ Court Custody Papers (if applicable) _____ Parent Consent _____ Child/Family Contact Log _____ Child Action/Follow Through Report <u>Education</u> _____ Parent Conference/Contact/Home Visit Record _____ Developmental Screenings _____ Infant/Toddler Individual Plans	_____ Child Assessment _____ Child Portfolio/Observation Records _____ Child Success Team Forms _____ IEP/IFSP <u>Family/Social Service</u> _____ Family Portfolio/Family Partnership Agreement _____ Internal/External Referrals <u>Health</u> _____ Immunization Record	_____ Health History _____ Physical Exam _____ Dental Exam Results _____ Dental Treatment Records _____ TB Results _____ Vision Results _____ Hemoglobin/Hematocrit Results _____ Medical Referrals Other _____
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Sent By: _____ Date: _____ Phone # _____

Distribution: White – Originating Center Yellow - Receiving Center Pink - Return to Originating Center Gold: Parent