



# Keene Adventist Elementary School

302 Pecan Street  
Keene, Texas 76059

Phone: 817-645-9125  
FAX: 817-645-9271

## REQUEST TO TRANSFER STUDENT RECORDS

Last School attended \_\_\_\_\_

School Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

RE: \_\_\_\_\_

Student

Date of Birth

Grade

The undersigned authorizes you to send the records of the above named student to  
Keene Adventist Elementary School

- \_\_\_\_\_ Scholastic Records
- \_\_\_\_\_ Behavior Records
- \_\_\_\_\_ Test Data
- \_\_\_\_\_ Special Education Data
- \_\_\_\_\_ Health Information (Immunization record, etc.)
- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ 504 Data
- \_\_\_\_\_ Gifted-talented Information
- \_\_\_\_\_ ESL Information
- \_\_\_\_\_ Other (specify)

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date mailed

\_\_\_\_\_  
Date received

\_\_\_\_\_  
Registrar