



**Pleasant Valley
Community
School District**

TRANSFER OF STUDENT RECORDS

Please return a copy of this form with the information requested. Pleasant Valley encourages sending requested documents electronically to: noackmary@pleasval.k12.ia.us.

To:
School: _____

Address: _____

Phone: _____

City: _____ State: ___ Zip Code: _____

Fax: _____

The following student(s) have enrolled in Bridgeview Elementary School:

Student: _____ Grade: _____ Birth Date: _____

Student: _____ Grade: _____ Birth Date: _____

Student: _____ Grade: _____ Birth Date: _____

Student: _____ Grade: _____ Birth Date: _____

Please forward the following information:

Registrar contact's email address: _____

1. Cumulative records (grades, test scores, attendance records, discipline records)
2. Health and immunization records
3. If applicable, forward all Special Education records, current IEP, social worker report, and psychological report.

Please send records to:

Bridgeview Elementary School
316 S 12th St
LeClaire, IA 52753
Phone: (563) 332-0215
Fax: (563) 332-0218

To electronically send files, please email:
noackmary@pleasval.k12.ia.us

Office Use Only:

Date Requested: _____

Date Received: _____