



Alexander Graham Bell Middle School  
620 Briarwood Road  
San Diego, CA 92139

## REQUEST TO TRANSFER PUPIL RECORDS

Last School Attended \_\_\_\_\_

FAX: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

### **The student listed below has enrolled in our school.**

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Grade: 6 7 8

Gender \_\_\_\_\_ Male \_\_\_\_\_ Female

I acknowledge notification that my child's school records are being requested from the named school and that I have a right to review, receive a copy of the records, receive a copy of the records, and a right to challenge the content of the records (Ed Code 49068, C.A.C Title V, Section 438).

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

Date \_\_\_\_\_

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Bell Middle School is requesting the following records as they pertain to the student listed above.

\*Standardized Test Data

\*Transcripts

\* Scholastic & Pupil Progress Data

\*English Language Learner

\*Health Date

\*Proficiency Test Results

\*504/IEP

\*Disciplinary/Incident Reports

Please send any other information that will assist us with placement or services. Please send records to:

BELL MIDDLE SCHOOL  
620 BRIARWOOD RD. SOUTH  
SAN DIEGO, CA 92139  
OFFICE: 619-430-1000 EXT 3019 OR OPTION 4  
FAX: 619-430-1010  
ATTENTION: CATHY DEAN-REGISTRAR