



Request for transfer of records

My child _____ will be attending the following school for the next academic year:

Name of school

Grade child will enter: _____

I request that my child's *academic and medical records* be forwarded to the following address at the end of the current school year:

Address

Signature of parent or guardian

Date

Return this form to the PMFS Main Office
2150 Butler Pike Plymouth Meeting PA 19462 610.828.2288



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