

WEATHERLY AREA SCHOOL DISTRICT

602 6<sup>TH</sup> St

Weatherly, PA 18255

Dear Parent or Legal Guardian:

Recent Pennsylvania legislation requires a school system to have a parent or legal guardian permission to transfer cumulative folder information to another school system. We would appreciate your signature on this form in order that information relating to your son/daughter may be properly transferred.

DATE: \_\_\_\_\_ GRADE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

If you are **REGISTERING** your child at WASD please provide the following information regarding previous school district:

Name of School: \_\_\_\_\_ **Please send WASD the following items:**

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

1. Birth Certificate \_\_\_\_\_

2. Health Records \_\_\_\_\_

3. Transcripts \_\_\_\_\_

4. Special Ed Records \_\_\_\_\_

5. PA Secure ID \_\_\_\_\_

Fax Number: \_\_\_\_\_

PLEASE SEND THE ABOVE REQUESTED DOCUMENTS FOR THE ABOVE STUDENT TO:

**Weatherly Elem./Middle School**

**602 6<sup>th</sup> St**

**Weatherly, PA 18255**

**Phone: 570-427-8687/8689/Fax: 570-427-8918**

If you are **WITHDRAWING** your child from WASD, please give authorization to release school records to the school district listed below:

Name of School: \_\_\_\_\_

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

Fax Number: \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_