



Mercer Island School District #400

# Request for Transfer of Elementary Educational Records

To: School \_\_\_\_\_

Street \_\_\_\_\_

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

Please send the following records for:

\_\_\_\_\_ Birthdate \_\_\_\_\_

\_\_\_\_\_ Birthdate \_\_\_\_\_

\_\_\_\_\_ Birthdate \_\_\_\_\_

Send records to:

**Lakeridge Elementary**  
8215 SE 78th  
Mercer Island, WA 98040  
Phone: (206) 236-3415  
Fax: (206) 230-6232

**Island Park Elementary**  
5437 Island Crest Way  
Mercer Island, WA 98040  
Phone: (206) 236-3410  
Fax: (206) 230-6251

**West Mercer**  
4141 81 Avenue SE  
Mercer Island, WA 98040  
Phone: (206) 236-3430  
Fax: (206) 230-6043

Send the following: (please check what is sent)

- Report Card/Official
- Special Education Records: IEP, Psychological Records\*
- Counseling/Therapy/Attendance/Discipline Records
- Immunization/Health Records
- English as Second Language (ESL)
- Test Scores

\*If special education/psychological records are kept in a separate file, please copy this form to your special education records department.

School Official \_\_\_\_\_

Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_