



**BELVIDERE CENTRAL MIDDLE SCHOOL**

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**Date:** \_\_\_\_\_

To: (School) \_\_\_\_\_

(Address) \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

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(Student's name)

(Birth date)

(Grade)

Your former student is now enrolled in our school. Please send all data concerning this student including:

- Identifying information, academic transcripts, attendance record, record of release of permanent record information, accident and health record, honors and rewards received, participation in school-sponsored activities.
- Family background information.
- Disciplinary information.
- Teacher anecdotal information.
- Verified reports from non-school persons or agencies.

To: Records Department  
Belvidere Central Middle School  
8787 Beloit Road  
Belvidere, IL 61008

Please send any Special Education information to the address below:

- Case studies (including psychological evaluations).
- Special Education files, including reports of multidisciplinary staffings.
- Verified reports from non-school persons or agencies which were part of special education decisions.
- Social work reports.
- IEP (Individual Education Programs).

To: Boone County Special Education Cooperative  
1320 East Ave  
Belvidere, IL 61008

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(Parent/Guardian Signature)