



ARGYLE CENTRAL SCHOOL

Records Request

Student's Name: _____ D.O.B.: _____

Current Grade: _____

Date of Enrollment at Argyle Central: _____ Start Date: _____

Name and Address of Previous School: _____

Please be advised that my child, previously in your school, has transferred to Argyle Central School District. I hereby authorize the following information on my child to be sent to the Argyle Central School.

Academic Records

Cumulative Health Records

Immunizations

Standardized Test Results

Social Work

Record of Birth

Attendance Record

Current IEP

Psychological Report

Social History

Speech/Language Evaluation

Physical and/or Occupational Therapy

Behavior Management Plan

Please send records to:

Argyle Central School
Guidance Office
5023 State Route 40
Argyle, NY 12809

Karen Beck, 9-12 Guidance Counselor
Mark Doody, 7-12 Principal
Dawn Wood, K-6 Principal

Phone: (518)638-8243 Ext 514

Fax: (518)638-6373

Email: austin_m@argylecsd.org – Michelle Austin, Guidance Secretary

Signature of Parent/Guardian

Date