

**Bristol Elementary School
57 Mountain Street
Bristol, VT 05443**

**Catrina Dinapoli
Principal**

**Rick Beal
Co-Principal**

Records Release:

To: Principal's Office

Date: _____

Fax: _____

Phone: _____

The following student(s) have enrolled at Bristol Elementary School; please forward all records to the above address. Thank you for your time and prompt attention to this request.

Names of child/children enrolling:

_____ Grade _____ DOB _____

_____ Grade _____ DOB _____

_____ Grade _____ DOB _____

_____ Grade _____ DOB _____

I, as parent/guardian of the child/children listed above, acknowledge that all official scholastic, medical, special education, and other confidential records will be sent from the school listed above to the Bristol Elementary School, as my child/children will be entering that school system on _____.

Parent/Guardian Signature _____

Date: _____

Parent's new address: _____

Phone: _____

Work: _____

Creating a Community of Confident Learners