



ITASCA SCHOOL DISTRICT 10

Mr. Craig Benes, Superintendent

Dr. Heidi Weeks, Assistant Superintendent of Teaching and Learning

Students

Permission Form for Transfer of Student Records

Date: _____

Name and Address of Previous School:

I, the parent or legal guardian of the child (children) listed below, hereby give my permission for the academic, health, special education and special services records and any other pertinent school information regarding:

Name(s) of child (children):

To be transferred to: (Please circle school.)

Benson Primary School Pre-K, K, 1st & 2nd 301 E. Washington Itasca, IL 60143	Franzen Intermediate School 3rd, 4th, 5th 730 N. Catalpa Itasca, IL 60143	Peacock Middle School 6th, 7th, 8th 301 E. North Street Itasca, IL 60143
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Signed: _____
Parent/Guardian

Every Learner, Every Day.

#weareitasca10