

Ruth Murdoch Elementary School
Andrews University Lab School

Date: _____

Name of former principal

Name of school last attended

Street address of school

City

State

Zip

Phone

Fax

The following student(s) have enrolled in our school indicating that your school was the last one attended.

Please send us the cumulative folder(s) showing grades, health and psychological records, testing scores, and other pertinent information that will be of help to us in understanding and assisting the student(s). We will appreciate your prompt attention in sending these records.

Name of Student _____ Grade entering ____ Birthdate _____

Name of Student _____ Grade entering ____ Birthdate _____

Name of Student _____ Grade entering ____ Birthdate _____

(Parental signature authorizing release of records)

Send to: Principal
Ruth Murdoch Elementary School
8885 Garland Avenue
Berrien Springs, MI 49104
269.471.3225 phone
269.471.6115 fax