

**Monhegan School**  
P.O. Box 8  
Monhegan, Maine 04852

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TRANSFER OF PUPIL RECORDS FORM (Form: JRA-1)**

Date \_\_\_\_\_

This is to certify that I, \_\_\_\_\_, the parent/legal guardian of the child/children listed below do hereby request that the confidential health records pertaining to (check those which apply):

- HIV infection status
- alcohol and other drug abuse treatment
- health care and treatment
- mental health treatment

and of the below listed child/children be transferred to \_\_\_\_\_ for the purpose of (check that which applies):

- enrolling the below listed child/children at the Monhegan School.
- (describe purpose): \_\_\_\_\_

I have been informed and understand my rights regarding the transfer of pupil records. I understand that I may request a copy of the records and may request a hearing for the purposes of challenging the content of the records which are to be transferred.

Signature of the Parent/Legal Guardian: \_\_\_\_\_

Child/Children	Grade
_____	_____
_____	_____
_____	_____
_____	_____