

 Policy #: H-8	Effective Date: 9/8/98	Page #: 1 of 3
Ref #: 1304:41(c) (1)	Policy Council Approval Date: 8/28/07	Revision Date: 4/11/07

COMPONENT: HEALTH

SUBJECT: HEALTH RECORD TRANSFERRAL

PERFORMANCE OBJECTIVE: The teacher will transfer the children’s personal, academic, and health records to the Parent.

Procedure:

1. During the second Parent/Teacher Conference, the parent will provided copies of their child’s teacher/parent packet from the classroom file.
2. The parent will be asked to sign the Record Release form which gives permission for the child’s record to be transferred to the school system in the event that the parent is unable to do so. This will ensure that the paperwork is properly transitioned. The parent must sign and date the permission form and state to which school system they want the records transferred.
3. A copy of the release form will be kept in the child’s center folder and the original will be placed in the child’s green file kept in the Central Office.
4. The **Parent** will be responsible for delivering the records to the appropriate school system prior to kindergarten registration.
5. During the end-of-year home visit, parents will be asked if there child has been registered for kindergarten. If it is discovered that the child has not been registered, teachers will be responsible for bringing copies to the appropriate school system.
6. If needed, the Teacher must sign (at the bottom of the release form) the day the records are delivered to the school system.
6. If a parent does not give permission for their child’s record to be transferred, the record will be placed in the child’s original file kept in the Central Office.

**HIGHLAND RIM HEAD START
RECORD RELEASE FORM**

Head Start Center: _____

I give my permission for _____ **Head Start**
(Child's Name)

Records which include: Personal, Academic, and Health Records to be transferred to the following public school system: _____

Parent/Guardian Signature _____ **Date** _____

Teacher Witness _____ **Date** _____

Date record (s) transferred: _____

Staff delivering record (s): _____
(Please Sign)

RECORD TRANSFER COMPLETION FORM

Head Start Center: _____

List below the names, number of records per school, and the date delivered for all Head Start children's files delivered for your center. Return this form, signed and dated upon completion.

SCHOOL	# OF RECORDS	DATE	SIGNATURE OF PERSONNEL

Teacher's Signature

Date Delivered

NOTE: Not all centers will have more than one school.