



**PIONEER  
SCHOOL**

REQUEST FOR TRANSFER OF EDUCATIONAL RECORDS

TO:

SCHOOL: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

Please send a complete transcript of credits and immunization records for the students named above. Please include grade marks to date as well as any test data available. Thank you.

Please forward all records to:

Pioneer School  
618 N. Sullivan Rd.  
Veradale, WA 99037

Or scan and email to:

[office@pioneerschool.com](mailto:office@pioneerschool.com)

Under the provision of the Family Educational Rights and Privacy Act of 1974, I hereby give my permission to release the information requested above.

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DIRECTOR'S SIGNATURE: \_\_\_\_\_

PIONEER SCHOOL  
618 N. SULLIVAN RD.  
POKANE VALLEY, WA 99037

PHONE - 509.922.7818  
FAX - 509.255.7333