



High School Records Office
530 West Poe Road
Bowling Green, Ohio 43402

Telephone: (419) 354-0100
Facsimile: (419) 354-1839

PARENTAL CONSENT FOR RECORD RELEASE

Dr. Ann F. McVey
Superintendent

Rhonda L. Melchi, CPA
Treasurer

Amy M. Scherer
Executive Director
of Pupil Services

Dr. Todd M. Cramer
Executive Director
of Teaching & Learning

Dawn M. Dazell
Human Resource Administrator

Beth C. Krolak
Technology Coordinator

Donna J. Zielinski
Special Needs Coordinator

Administrative Offices
137 Clough Street
Bowling Green Ohio 43402
www.bgcs.k12.oh.us
fax 419.352.1701
(419) 352.3576

Bowling Green City Schools

Bowling Green High School
Jeff Dever, Principal
Dr. Bob Yenrick, Assistant Principal
419-354-0100

Bowling Green Middle School
Joe Zabowski, Principal
Gary Keller, Assistant Principal
419-354-0200

Conneaut Elementary
Jim Lang, Principal
419-354-0300

Crim Elementary
Melanie Garbig, Principal
419-354-0400

Kenwood Elementary
Dr. Martha Fether, Principal
419-354-0500

Ridge Elementary
Joe Morgan, Principal
419-354-0800

Bowling Green Preschool
419-353-7407

Student Name _____
(FIRST) (MIDDLE) (LAST)

Student D.O.B. _____

Name of Previous School _____

School Address _____

School City State Zip _____

School Telephone Number _____

School Facsimile Number _____

This student is requesting to enroll in one of our K-6 elementary schools:

___ Preschool ___ Conneaut ___ Crim ___ Kenwood ___ Ridge

Please send all records relating to the past school years / specific data to be released:

- State ID Number
- Birth Certificate
- Social Security #
- Health & Immunizations
- Attendance & Discipline Records
- Transcripts
- Withdrawal Grades
- District & Ohio Proficiency Scores
- Psychological Reports
- Special Education Records (ETR, IEP, 504...)
- Custody Papers & Journal Entries
- ECO Testing (Preschool Only)
- Other _____

I am the parent / legal guardian of the above named child. I am transferring to Bowling Green School District and I am authorizing release of records to Bowling Green Schools.

_____ Date

_____ Printed Name of Parent / Legal Guardian

_____ Signature of Parent / Legal Guardian

***Parent signature for release of records to another educational institution is NOT REQUIRED as stated by Ohio Revised Code 3319.321 Section C.**