

**RANDOLPH TOWNSHIP SCHOOLS
PRE-K TO GRADE 12 - STUDENT REGISTRATION FORM**

STUDENT RECORDS REQUEST

PLEASE FILL IN NAME AND ADDRESS OF SCHOOL STUDENT IS TRANSFERRING FROM:

SCHOOL'S NAME: _____

ADDRESS: _____

To Whom It May Concern:

_____ (Student's Name), who formerly attended your school, is now enrolled in the _____ grade
at the following Randolph Township school:

Center Grove School (Grades PK-5)
25 School House Road
Randolph, NJ 07869

Shongum School (Grades K-5)
9 Arrow Place
Randolph, NJ 07869

Fernbrook School (Grades K-5)
206 Quaker Church Road
Randolph, NJ 07869

Randolph Middle School (Grades 6-8)
507 Millbrook Avenue
Randolph, NJ 07869

Ironia School (Grades K-5)
303 Dover Chester Road
Randolph, NJ 07869

Randolph High School (Grades 9-12)
511 Millbrook Avenue
Randolph, NJ 7869

Please provide the student's New Jersey State Identification Number: _____

Please forward available **academic records, transcripts, test scores, health records** (original health records for New Jersey Schools), **New Jersey Transfer Card** (for New Jersey Schools), **current attendance record, and disciplinary records** (per N.J.A.C. 6.5 © 10iii). Any additional information, which will be useful in placement and counseling, would also be appreciated.

PLEASE SEND ALL CHILD STUDY TEAM RECORDS TO SPECIAL SERVICES:

Randolph Township Schools
Director of Special Services
25 School House Road
Randolph, NJ 07869

Return completed form and records to the school indicated above.

Parental permission for the release of such records is indicated below. Thank you.

I authorize the release of all records of the above-named student to the Randolph School listed above.

Parent/Guardian Name (Print)

Signature

Date