

Promoting a Culture of Collaboration, Innovation and Inspiration

REQUEST FOR HEALTH AND SCHOOL RECORDS

Name: _____
Last First Middle

Student Date of Birth _____

I hereby certify that the above names student is entering Colonial School District on: _____

Please Forward:

- Academic Records (Progress Reports)
- Achievement Test Results
- Health and Dental Records
- Personal Health History
- Psychological Evaluation and Test Results
- I.E.P.
- Attendance Records
- Discipline Records

I hereby authorize the following school to release the above records to Colonial School District.

SCHOOL NAME: _____

ADDRESS: _____

TELEPHONE: _____

PARENT SIGNATURE: _____

Please Forward to the following CSD School Building:

- Plymouth Whitemarsh High School: 201 E Germantown Pike, Plymouth Mtg, PA 19462
Fax: 610-825-3946
- Colonial Middle School: 716 Belvoir Rd, Plymouth Mtg, PA 19462
Fax: 610-278-2447
- Colonial Elementary School: 230 Flourtown Rd, Plymouth Mtg, PA 19462
Fax: 610-834-8701
- Conshohocken Elementary: 301 Harry St, Conshohocken, PA 19428
Fax: 610-828-4582
- Plymouth Elementary: 542 Plymouth Rd, Plymouth Mtg, Pa 19462
Fax: 610-825-7853
- Ridge Park Elementary: 200 Karris Ln, Conshohocken, PA 19428
Fax: 610-825-7983
- Whitemarsh Elementary: 4120 Joshua Rd, Lafayette Hill, PA 19444
Fax: 610-828-1516

Did your child participate in a PIAA sport at their previous school? : Yes No

If so, what sport(s): _____