



**Inspire ★ Engage
★ Achieve**

Registration and Attendance Office

WOODMERE EDUCATION CENTER

One Johnson Place
Woodmere, NY, 11598-1312
Telephone: 516/792-4826
Fax: 516/792-4489
Email: registration@hewlett-woodmere.net

Parent to fill in previous

School Name and Address

TO: _____

<u>DISTRICT SCHOOLS</u>	
George W. Hewlett High School 60 Everit Avenue Hewlett, NY 11557	Fax to: 516-792-4413
Woodmere Middle School 1171 Peninsula Blvd. Woodmere, NY 11598	Fax to: 516-792-4431
Hewlett Elementary School 1571 Broadway Hewlett, NY 11557	Fax to: 516-792-4452
Ogden Elementary School 875 Longview Avenue Valley Stream, NY 11581	Fax to: 516-792-4471
Franklin Early Childhood Center 1180 Henrietta Place Hewlett, NY 11557	Fax to: 516-792-4460

The below named student has registered in the school checked above. In order to assist us in planning for this student, we would appreciate your forwarding, at your earliest convenience, the following checked items:

- ___1. Educational records) (i.e. transcript of grades, results of standardized testing, etc.)
- ___2. Health records
- ___3. Results of psychological testing (to attention of School Psychologist)
- ___4. Record of district committee on Special Education
- ___5. Records of participation in intellectually gifted programs
- ___6. Other pertinent records (i.e. speech, remedial reading, other special services)

PARENTAL AUTHORIZATION

I hereby authorize the release of school records as indicated above for _____,
 (student name above)
 to be sent to the school checked above.

 Parent's Signature

 Date