



Plumsted Township School District Student Record Request Form



FOR TRANSFERS ONLY

Student Name: _____ Date of Birth: _____

New Address: _____

Transferring School Name: _____

Transferring School Address: _____

Withdrawal Date: _____ School Phone: _____ School Fax: _____

Grade Level at time of Withdrawal: (circle grade) PreK K 1 2 3 4 5 6 7 8 9 10 11 12

I, _____
(Please Print Name of Parent/Guardian)

Hereby authorize the Plumsted Township School District to obtain all of the documents listed below regarding the education of my child listed above. I certify that all information provided is true to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

Pursuant to public law regulating the release of school records, we as officials of the Plumsted Township School District are requesting all of the following student records for the above student.

- Transfer Card
- Birth Certificate
- Transcript of Academic Record
- Standardized Test Results
- Grades at Time of withdrawal
- Attendance Records
- Health/Immunization Records
- Discipline Records
- Special Education Records, IEP, 504

Please send all requested information to the address circled below. Your timely response is appreciated.

New Egypt Primary School Grades PreK - 1 131 Evergreen Rd. New Egypt, NJ 08533 Attn: Student Records Phone: 609-758-6800 ext. 5000	Dr. Gerald H. Woehr Elementary School Grades 2 - 6 44 North Main Street New Egypt, NJ 08533 Attn: Clara Rose Phone: 609-758-6800 ext. 3000	New Egypt High School Grades 7 - 12 117 Evergreen Rd. New Egypt, NJ 08533 Attn: Kim DiGangi Phone: 609-758-6800 ext. 1408
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Initial Request Date: _____ 2nd Request Date: _____ 3rd Request Date: _____