



Dover Public Schools
21 Belmont Ave. Dover, NJ 07801

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REGISTRATION OFFICE / REQUEST OF STUDENT RECORDS

Student's Name _____

Date of birth ____/____/____ Completed / Current Grade: _____

PLEASE FILL IN NAME AND ADDRESS OF PREVIOUS DISTRICT'S SCHOOL

School name: _____

Address: _____ Phone: _____

Fax: _____ Email: _____

Have you ever attended a school in New Jersey? ____ Y ____ N

School name: _____ Year: _____ Grade: _____

TO WHOM IT MAY CONCERN:

The student named above has enrolled into the Dover Public District and indicated that He / She last attended your School District. Please forward all records for the above named student to include, but not limited to:

- Birth Certificate
- Test Scores
- Transfer Card
- WIDA score
- Discipline Report
- Academics
- Current Attendance
- Transcripts
- Child Study Team/Special Services/504/IEP
- Health Records (Original A45 for NJ)
- Any additional information to aid in the proper placement of the student

SEND STUDENT RECORDS TO THE SCHOOL LISTED BELOW.

School name: _____

Address: _____ Phone: _____

Email: _____ Date Requested: _____

Parental permission is no longer required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act, Code of Federal Regulations 99.31)

Thank you for your anticipated speed and cooperation in the handling of this record